# Vulnerabilities in social assistance system



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## SUMMARY

# Empowering Vulnerable Children in Romania through Outdoor Education

*Henrietta TORKOS*[*]

**Abstract.** This article explores the transformative power of outdoor education in empowering vulnerable children. Vulnerable children face a range of challenges, including adverse life circumstances and limited access to resources. The integration of outdoor education into their lives offers a unique and effective way to address these challenges. Through immersive experiences in natural settings, these children develop essential life skills, such as resilience, self-confidence, teamwork, and problem-solving abilities. Outdoor education programs are designed to create a supportive and inclusive environment that fosters personal growth, emotional well-being, and social development. This article examines the tangible and intangible benefits of outdoor education for vulnerable children, shedding light on how it contributes to their empowerment, self-discovery, and overall well-being. By highlighting success stories and research findings, it underscores the importance of embracing the great outdoors as a valuable tool for nurturing the potential of vulnerable youth.

***Keywords:*** *vulnerable, children, outdoor, education, empower.*

## Introduction

In recent years, Romania has made significant progress in various aspects of its social and economic development. However, one pressing issue that continues to demand attention is the well-being of its vulnerable children. Despite efforts to improve the situation, many children in Romania still face a range of challenges that affect their development, education, and future prospects. One of the major issues is the high number of children living in poverty. Economic disparities in the country have left a substantial portion of the population struggling to meet basic needs. This

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dire situation is particularly detrimental to children, as they often lack access to proper nutrition, healthcare, and a stable living environment. Poverty can have lasting consequences on a child's physical and cognitive development, limiting their opportunities in adulthood. Another concern is the state of child protection services. While Romania has made efforts to reform its child welfare system in recent years, there are still issues with understaffing, inadequate resources, and insufficient training for social workers. This can lead to cases of child abuse and neglect going unnoticed or unaddressed. Although significant efforts have been made to deinstitutionalize and transition children into family-based care, there are still children living in outdated and overcrowded institutions. These children often face challenges in forming healthy emotional attachments, which can have long-lasting effects on their social and psychological development.

To address these issues, Romania needs to continue investing in its child welfare system, with an emphasis on prevention, early intervention, and family support services. Supporting vulnerable families and providing them with the necessary resources to ensure the well-being of their children is crucial. Additionally, efforts should be made to strengthen the foster care and adoption systems, promoting family-based care as the primary option for children in need. Education is another key aspect of improving the prospects of vulnerable children. Access to quality education should be guaranteed to all children, regardless of their socioeconomic background. Educational programs that address the specific needs of at-risk children can help break the cycle of poverty and provide them with a brighter future. It is imperative that the government, non-governmental organizations, and the international community work together to ensure that every child in Romania has the opportunity to grow up in a safe and supportive environment, with access to education and the chance to reach their full potential. The well-being of vulnerable children is not only a moral imperative but also a crucial investment in the future of the country. (National Association of School Psychologists, 2018)

## Recent perspectives

Education plays a vital role in empowering vulnerable children in Romania, as it can provide them with the knowledge, skills, and opportunities necessary to break the cycle of poverty and build a better future. (Luthar & Cicchetti, 2000). Here are several key roles that education can play in this context:

- Equalizer of Opportunities;
- Development of Critical Skills;
- Promotion of Social Integration;
- Empowerment Through Knowledge;
- Prevention of Dropouts;
- Career Opportunities;
- Family and Community Involvement;
- Mentoring and Support;
- Advocacy and Awareness;
- Fostering Aspiration.

Education can serve as a powerful equalizer, providing all children with access to learning and development opportunities, regardless of their socioeconomic background. By ensuring that vulnerable children have access to quality education, Romania can reduce disparities and increase social mobility. Education equips children with essential skills such as literacy, numeracy, problem-solving, and critical thinking. These skills are crucial for their future success in the job market and in life in general. Attending school enables vulnerable children to interact with peers from various backgrounds, promoting social integration and tolerance. It can help break down social barriers and reduce stigmatization. Education provides children with knowledge about their rights, health, and personal development. This knowledge empowers them to make informed decisions about their lives and well-being. Effective educational programs and support can help prevent vulnerable children from dropping out of school. Early intervention and tailored support can

address the specific challenges they may face, such as family instability or economic hardship. Education opens doors to better career opportunities. By providing vulnerable children with quality education and vocational training, Romania can help them escape the cycle of poverty and build a stable future for themselves.

Education can also involve families and communities in the development of vulnerable children. Schools can serve as a platform for engaging parents and caregivers in their children's education, promoting a more supportive environment. Schools can offer mentoring programs and counseling services to address the unique needs and challenges faced by vulnerable children. This support can include addressing emotional and psychological issues, ensuring that children are well-nourished, and providing access to healthcare. Educational institutions can play a role in raising awareness about the challenges faced by vulnerable children. They can advocate for policy changes and resources to support these children. Education can instill hope and aspiration in vulnerable children. It can help them dream of a brighter future and give them the tools to work towards their goals. In summary, education is a crucial tool for empowering vulnerable children in Romania. To effectively support these children, it's essential to provide not only access to education but also quality education that takes into account their unique needs and challenges. By investing in their education, Romania can break the cycle of poverty and ensure a more equitable and prosperous future for all its children. (UNESCO, 2020; World Bank, 2018)

Outdoor learning can empower vulnerable children in several ways by providing unique experiences and opportunities for growth and development. Outdoor learning offers hands-on, experiential learning opportunities that can be more engaging and memorable than traditional classroom instruction. Vulnerable children often benefit from a more interactive approach to education. Spending time outdoors encourages physical activity, which is essential for children's health and well-being.

Vulnerable children may have limited access to recreational activities, making outdoor learning a valuable way to promote physical fitness. Nature and outdoor environments have been shown to have a positive impact on mental health. Outdoor learning can reduce stress, anxiety, and depression, which are concerns for some vulnerable children. Many outdoor learning activities require collaboration and teamwork. Vulnerable children can improve their social skills, communication, and cooperation while working with their peers in outdoor settings. Accomplishing tasks in nature, such as setting up a campsite or completing a challenging hike, can boost a child's self-esteem and sense of accomplishment. This is especially important for children who may face self-esteem issues due to their vulnerabilities. Outdoor learning often involves solving real-life problems, such as navigating a trail, building a shelter, or identifying plant species. These challenges can enhance problem-solving and critical thinking skills in vulnerable children. Vulnerable children may not have regular opportunities to connect with nature. Outdoor learning can foster an appreciation for the environment and promote responsible stewardship, which is valuable for future generations. Outdoor learning experiences can encourage self-reliance and independence. Vulnerable children may gain confidence in their abilities as they learn to navigate natural settings. The outdoors engages all the senses, offering a rich and multisensorial learning experience. For vulnerable children who may have different learning styles and needs, this can be highly beneficial. Outdoor learning can provide a break from the traditional classroom setting and the pressure of standardized testing. This respite can help reduce stress and anxiety in vulnerable children. Outdoor environments often have cultural and historical significance. Outdoor learning can help children connect with their cultural heritage and understand the history and traditions of their region. Overcoming outdoor challenges, such as conquering a fear of heights during a rock-climbing activity, can empower vulnerable children by showing them they can overcome obstacles. Outdoor learning can be

a powerful tool for empowering vulnerable children, offering a wide range of physical, mental, and emotional benefits. It provides a holistic approach to education that complements traditional classroom learning and can be tailored to meet the unique needs of each child. (von Benzon, 2015, Roman & Torkos, 2019, Torkos & Egerău, 2020)

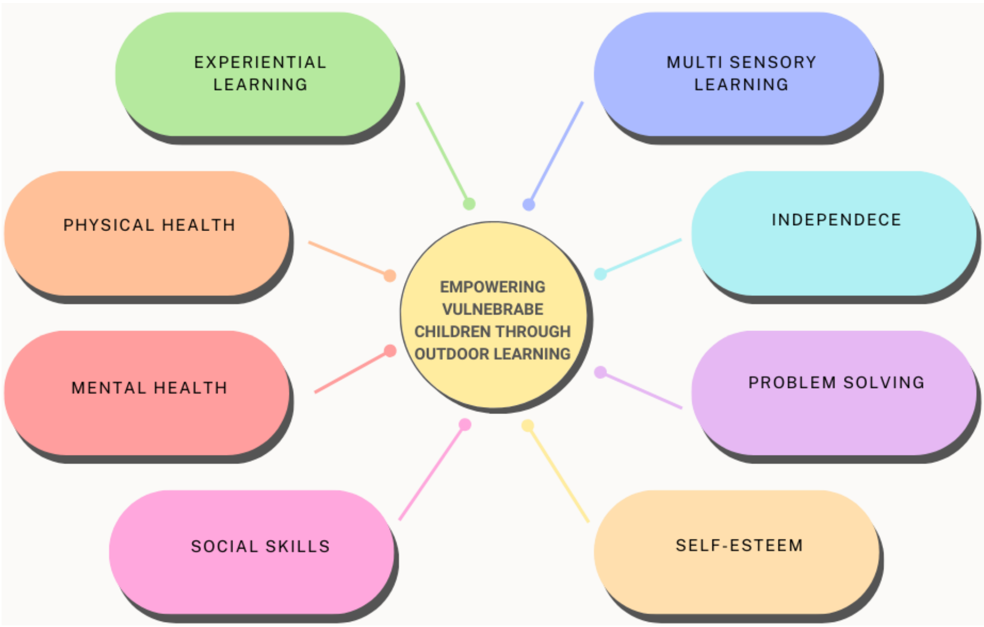



**Fig. nb. 1.** Outdoor learning vulnerable children empowerment mind map

According to a report by UNICEF, 35.8% of Romania's 3.7 million children are at risk of poverty and social exclusion. 400,000 school-aged children are out of school, and over 50,000 children are separated from their families, mostly due to poverty, violence or abandonment. A study published in the BMJ Open journal found that the majority of primary school children in Romania had no vulnerabilities in the Home, Family, Relationships domain (55.9%) and the Subjective Well-being domain (57.4%). However, the majority of children had one or more vulnerabilities in the Material Resources and Friends and School domains. It is important to note that the COVID-19 pandemic has put already disadvantaged

children and their families in an even more vulnerable situation. In response, the National Council of Students (CNE), the Romanian Children's Board and UNICEF have proposed a set of ten solutions to improve the condition of children in Romania. (www.unicef.org)

## Research methodology and results

We have conducted a research study that encourages children to keep reflective journals and diaries to record their thoughts, feelings, and experiences during outdoor education activities which yielded a wide range of results and insights. The results depended on the specific research objectives and the analysis of the collected data.

Participants' reflective journals and diaries provided rich qualitative data on how children perceive and experience outdoor education. We have extracted themes, patterns, and narratives from these reflections, offering insights into the emotional and cognitive impact of outdoor activities.

Children described feelings of accomplishment and growing self-confidence when they successfully complete challenging outdoor tasks or activities. They have expressed how overcoming obstacles were during hikes, climbs, or team-building exercises made them believe in their abilities. These journals revealed instances of emotional resilience, with children documenting how they dealt with fear, frustration, or uncertainty during outdoor activities. They described moments of perseverance and how they learned to manage and cope with these emotions.

Many vulnerable children expressed a deeper connection to the natural world through outdoor education. They described moments of awe and wonder when observing wildlife, appreciating landscapes, or participating in environmental conservation activities. Entries highlighted the cognitive impact of outdoor activities. Children discussed the need for creative problem-solving, critical thinking, and adaptability when faced with unexpected challenges during hikes, survival skills workshops, or orientation exercises. They also described the importance of teamwork

during outdoor activities. They shared stories of how they learned to communicate effectively, trust their peers, and work together to achieve common goals. Reflective journals included accounts of children recognizing their physical and emotional limits. The use of story within the education of the students behaviour, more exactly the development of their attention. The objectives of using bibliotherapy in class, the main actors being the students is to show how important the obtained educational act is, by using the story. (Dughi & Cotrău, 2014) They discussed moments when they pushed beyond these limits, leading to personal growth, as well as instances when respecting their limits was essential for their well-being. Entries reflected an increased environmental awareness and a sense of responsibility. Children described their experiences participating in eco-friendly practices, such as recycling, tree planting, or wildlife conservation efforts, and how it has influenced their attitudes towards the environment. They shared stories of emotional bonds formed with their peers and educators during outdoor education and they described how these connections positively affected their overall experience and learning.

It also highlighted the excitement and curiosity that outdoor activities generate. Children expressed their enthusiasm for exploring new environments, trying new things, and venturing outside their comfort zones. Some children reflected on how the act of journaling itself empowers them. They discussed how self-reflection and capturing their experiences in writing helped them process their emotions, set goals, and track their personal growth.

Based on the results of this research we will be able to inform the design of outdoor education programs, tailor activities to better serve children's needs, and highlight the importance of reflective practices in educational settings. Additionally, it will contribute to a deeper understanding of how outdoor education empowers children and supports their personal development, especially in terms of vulnerability.

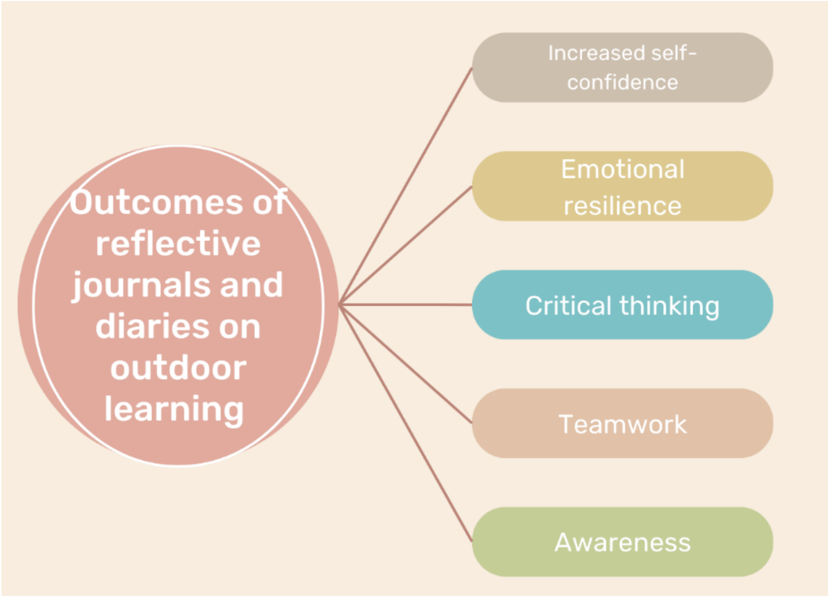



**Fig. no. 2.** Outcomes of reflecting journals and diaries

## Conclusions

The exploration of outdoor education as a means of empowerment for vulnerable children in Romania has illuminated a transformative potential in the lives of these young individuals. The findings of this study underscore the multifaceted impact of outdoor activities on their emotional, cognitive, and social development. Vulnerable children, facing various challenges, have demonstrated remarkable resilience and growth through participation in outdoor education programs. Increased self-confidence emerged as a prominent theme, with many children expressing a newfound belief in their abilities to overcome obstacles and navigate unfamiliar situations. This boost in self-esteem can serve as a foundational element in their journey towards empowerment. The emotional resilience displayed by these children is noteworthy, as reflected in their journals detailing the management of fear, frustration, and uncertainty during outdoor activities. The cultivation of emotional intelligence becomes a vital component of their empowerment, enabling them to confront and overcome adversities.

Moreover, the sense of connection to nature has proven to be a transformative force. Vulnerable children have developed a deeper appreciation for the environment, fostering a sense of environmental stewardship and responsibility. This newfound awareness contributes not only to their personal growth but also to the cultivation of a generation that values and protects the natural world. Adaptability to the evolution of communication and information technology and the acquisition of an adequate, positive, full of initiative behaviour, related to its use in educational situations or the continuous training of teachers, collaboration and teamwork emerged as essential components of the outdoor education experience. Vulnerable children, often navigating complex social dynamics, found solace and support in their peers and educators. The development of interpersonal skills and the ability to work collaboratively contribute significantly to their empowerment within a broader societal context. (Federle, 1995; Fox & Avramidis, 2003, Dughi et al, 2023)

This study also recognizes the importance of acknowledging personal limits. Vulnerable children, through outdoor education, learn to recognize and respect their physical and emotional boundaries, fostering a holistic approach to empowerment that prioritizes well-being. As we reflect on the effects of outdoor education on vulnerable children in Romania, it is clear that this approach goes beyond mere recreation. It serves as a catalyst for positive change, offering these children opportunities for adventure, exploration, and personal discovery. (Gilbertson et al, 2022; Donnelly, 2013)

In light of these findings, it is recommended that educational policymakers, practitioners, and community leaders consider integrating outdoor education into the support framework for vulnerable children in Romania. The educational systems are in search of teaching learning strategies that can make every day learning more efficient. Outdoor education is one of the modern strategies that was introduced in the daily routines of pupils, leading to behavioural changes and competency acquirements. In the Romanian educational system, outdoor education

can be found in the official educational documents and some teachers have introduced it in their daily routines. Still there are some questions about the theoretical and the practical place that it takes in the learning process. Such programs have the potential to not only empower individuals but also contribute to the broader goals of social inclusion, resilience-building, and environmental consciousness. In essence, the effects of outdoor education on vulnerable children in Romania are profound, paving the way for a more empowered and resilient generation that can face the challenges of life with confidence, compassion, and a profound connection to the world around them. (Wallis et al, 2010; Bestable et al, 2022, Torkos, 2020)

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# Support of Vulnerable Families During COVID-19 Pandemic: Results of Administrative Data Analysis of the Social Protection Public Service from Cluj-Napoca

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**Abstract.** The present research aims to analyse how deprived of material support families from the records of public social assistance services are granted the necessary resources for social functioning. The study was conducted in and for the administrative territorial unit of Cluj-Napoca. The following objectives were taken into consideration. On one hand, we envisaged the identification of the main types of benefits and social services granted to impoverished families in the city of Cluj-Napoca recorded by the Directorate of Social and Medical Assistance (DASM) – Social Protection Service, during the period from 1st of March 2020 to 1st of March 2021. On the other hand, the study was focus on analysis of the housing quality of families in direct relation to their access to forms of protection regarding housing.

***Keywords:*** *support, vulnerable, pandemics.*

## Theoretical approach

Current demographic context is marked by low fertility rate, longer health expectancy, active ageing, globalization and massive migration, especially abroad.

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Four models of family policies were internationally identified: pro-natalist, pro-traditional, pro-equality and non-intervention (Chiu apud Stănescu, 2016, p. 77). Romania corresponds to a rather non-intervention model of family policy (Stănescu 2014, Stănescu 2016). Alongside, during the transition period from planned economy to the market one, Romania switched from a family policy with an authoritarian pro-natalist agenda before 1989 to a more selective one after 1989 (Popescu, 2022, p. 158).

The research of how social benefits were provided by the current Ministry of Labour and Social Solidarity reflects a rather reactive punctual intervention than a strategic one focused on development of social assistance system as a whole (Stănescu, Dragotoiu, Marinoiu, 2012, p. 263-264). On the other hand, with reference to Romania, targeted family policies mainly towards middle class exposed low-income families with children to poverty (Voicu, Papuc, 2023, p. 146).

Family remains a point of focal attention of relevant stakeholders. Postponing the decision to have a child or even the decision to not procreate are affected by complex factors among which we mention briefly career development plans, housing conditions as well as financial situation. On the other hand, belonging to a family in later life can directly influence the mental life especially due to depression (Breaz, 2019, p. 47-48). Informatisation of the system, interinstitutional connection and enforcement of social assistance experts (Ciornei, 2017, p. 161) would conduct to a more efficient social assistance support especially through provision of the minimum income guaranteed for the families / single persons in social need.

## Methodological approach

The research was designed and carried out in two successive stages. In the first stage, we conducted a quantitative study on the population consisting of all families/individuals recorded by (Directorate of Social and Medical Assistance – Social Protection Service (DASM-SPS) during the period from 1$^{st}$ of March 2020 – 1$^{st}$ of March 2021. We considered as

the starting point the families recorded by the aforementioned institution as receiving family support allowance, granted in accordance with Law No. 277/2010 on family support allowance, with subsequent amendments and completions. We identified families that remained consistently in the records of DASM-SPS, as well as newly added cases, to whom the right to family support allowance was subsequently established. We also identified families whose right to family support allowance was ended by the decision of the mayor of Cluj-Napoca between the 1st of March 2020 and 1st of March 2021. In the second stage, we conducted field visits to assess the needs of families benefiting from Family Support Allowance (ASF). We studied the 83 families that remained in the records of DASM-SPS as of 1st of March 2020, forming the "core" of beneficiary families, those who remained in the system after all exits during a whole year. For this purpose, we used an interview guide.

The following research questions were taken into consideration:

1. Which are the socio-demographic characteristics of families receiving family support allowance recorded by DASM-SPS from 1st of March 2020 to 1st of March 2021?
2. Which are the reasons for the termination of Family Support Allowance (ASF) for beneficiary families?
3. What are other types of social benefits granted to families recorded by DASM-SPS during the period from 1st of March 2020 to 1st of March 2021?
4. What institutional mechanisms can be engaged to verify the statements through which families access the right to family support allowance?
5. What is the housing situation of the studied families (families receiving family support allowance recorded by DASM-SPS from 1st of March 2020 to 1st of March 2021): property ownership, rental, tolerated with relatives, living in improvised shelters, residing in DASM-SPS profile centers?

6. What are the main unsatisfied needs of families receiving Family Support Allowance (ASF) recorded by DASM-SPS after the establishment of the right to ASF and other social benefits?

## Results and discussions

All files for Family Support Allowance from the records of DASM-SPS were studied during the period from 1st of March 2020 to 1st of March 2021, in a retrospective longitudinal research approach, analyzing social, numerical, and non-numerical documents.

All active ASF files of the Social Protection Service within the Directorate of Social and Medical Assistance, a public service organized under the subordination of the local council of Cluj-Napoca on 1st of March 2020, were also studied in a cross-sectional research initiative. The structures of the researched populations in Cluj-Napoca, based on the age of the titular person, ethnic affiliation, family and gender structure, are presented in Table 1. The age of the titular person is key important since professional reintegration can only occur during the active age period. Additionally, we aimed to determine the percentage of elderly individuals without income under the care of families. From a public perception standpoint, the Roma ethnic population is perceived as accessing social benefits predominantly. Therefore, it is essential for this study to verify whether this perception holds true for the city of Cluj-Napoca, the main target of this research.

We started from the analysis of 175 files recorded in the DASM-SPS database as of 1st of March 2020. Among these, 75 families were also beneficiaries of the guaranteed minimum income according to Law no. 416/2001 on minimum income guaranteed, with subsequent amendments and completions. Additionally, 61 families received meals at the Social Aid Canteen and boarding house according to Law no. 208/1997 on Social Aid Canteens (31 free of charge and 30 paying 30% of income).

Out of the 175 families, 101 were single-parent families, an important aspect to note, as single-parent families represent another vulnerable category

in Romania. Of the 101 single-parent families, 95 were represented by women. The average age of the file holders is 36 years old.

**Table 1.** Family composition by age categories,
files recorded in the SPS registry as of 1st of March 2020

| No. | No. of individuals | Adults | Children | Elderly |
|---|---|---|---|---|
| | 666 | 287 | 364 | 15 |

*Source:* DASM Statistics, authors 'calculations

The average number of persons per household is 3.8 individuals.

Regarding the ethnic affiliation of representatives of families receiving Family Support Allowance recorded by DASM-SPS as of 1st of March 2020, it is important to mention that in the documentation constituting the file of families receiving Family Support Allowance, there is no section where ethnicity is officially recorded. In practice, the ethnic affiliation of the studied cases was recorded through direct interviews with beneficiaries or with inspectors who managed the Family Support Allowance file.

**Table 2.** Distribution of file holders
by ethnic affiliation, as of March 1, 2020, Cluj-Napoca city

| No. | No. of files | Romanians | Hungarians | Roma |
|---|---|---|---|---|
| | 175 | 98 | 49 | 28 |

*Source:* DASM Statistics, authors 'calculations

As for the total number of families recorded in the DASM-SPS as beneficiaries of Family Support Allowance, the evolution of the data can be tracked in Table 3. For the study, we considered all families recorded in the DASM-SPS database once in the period between 1st of March 2020, and 1st of March 2021, even though documentary research revealed successive entries and exits from the system. The term" new case" is not very explanatory within this context. Therefore, during the study period, there were 276 families recorded in the DASM-SPS.

**Table 3.** The status of the files in the period between
1st of March 2020, and 1st of March 2021 in Cluj-Napoca city

| No. | No. of files in records | New cases | Closed cases |
|---|---|---|---|
| 03.2020 | 175 | 7 | 15 |
| 04.2020 | 167 | 9 | 2 |
| 05.2020 | 174 | 4 | - |
| 06.2020 | 178 | 10 | - |
| 07.2020 | 188 | 12 | 1 |
| 08.2020 | 199 | 2 | 23 |
| 09.2020 | 178 | 15 | 10 |
| 10.2020 | 183 | 19 | 21 |
| 11.2020 | 181 | 7 | 11 |
| 12.2020 | 177 | 1 | 9 |
| 01.2021 | 169 | 8 | 1 |
| 02.2021 | 176 | 7 | 4 |

*Source:* DASM Statistics, authors 'calculations

The main investigative strategy employed was evaluative research based on the analysis of publicly available administrative data and content analysis of interviews.

We chose document analysis as a method of data collection, with access to data starting from 1st of October 2020, until 15th of May 2021.

We present bellow main characteristics of the variables used in the research:

**1.** Relevant independent variables for the investigation were:

- Ethnicity (self-declared) of the family receiving Family Support Allowance (ASF);
- Age group to which the ASF file holder belonged on March 1, 2020;
- Age group to which the ASF file holder belonged on March 1, 2020;
- At the time of exiting ASF;

- Family composition (number of members in the family receiving ASF);
- Housing (ownership, rental, tolerated with relatives, living in improvised shelters, residing in DASM profile centres).

The following dependent variables – considered crucial to address the research questions – were established:

- Reason for terminating the Family Support Allowance (ASF) – Ang(EMP) – employment of the ASF file holder resulting in a substantial income increase;
- B (P) – possession of assets from the list of assets leading to the exclusion of social aid, F – family's refusal to provide information regarding family members or earned income, or false statements, as determined by inspectors responsible for conducting social investigations;
- M – Change of residence, family moving outside the Cluj-Napoca city;
- N – non-fulfilment of conditions, children are no longer minors; ABS-recorded absences of children leading to the termination of the right.

After collecting data concerning the targeted populations, the data were processed using descriptive statistical methods, with detailed results presented in Chapter IV.

In terms of study limitations, the research conducted pertains to families receiving Family Support Allowance (ASF) in the city of Cluj-Napoca, respectively, in a county residence municipality, and not the entire population benefiting from ASF. On the other hand, all 276 families recorded in the Directorate of Social and Medical Assistance – Social Protection Service (DASM-SPS) as beneficiaries of Family Support Allowance, in accordance with Law no. 277/2010 on family support allowance, with subsequent amendments, were studied during the period from 1st of March 2020 to 1st of March 2021. Specifically, the study covered the 175 ASF

beneficiary families as of 1st of March 2020, as well as families that were recorded in the DASM-SPS between 1st of March 2020, and 1st of March 2021.

The research was conducted from various perspectives:

a) We examined the socio-demographic characteristics of families benefiting from Family Support Allowance recorded in the DASM-SPS, longitudinally from 1st of March 2020 to 1st of March 2021, as well as cross-sectionally on 1st of March 2020.
b) We investigated the reasons for terminating Family Support Allowance for beneficiary families during the period from 1st of March 2020 to 1st of March 2021.
c) We studied the 276 families, examining which other social benefits were granted to them during the reference period (1st of March 2020 to 1st of March 2021).
d) We examined the institutional mechanisms that can be engaged to verify statements by which families access the right to Family Support Allowance, being interested in filters that can be applied to eliminate possible fraud, as it is a benefit that requires means testing.
e) We tracked data regarding the housing of families benefiting from Family Support Allowance recorded in the DASM-SPS, longitudinally from 1st of March 2020 to 1st of March 2021, as well as cross-sectionally on 1st of March 2020 (ownership, rental, tolerated with relatives, living in improvised shelters, residing in DASM profile centres)
f) We aimed to identify the main unmet needs of families receiving Family Support Allowance (ASF) recorded by DASM-SPS.

## Socio-demographic characteristics of analyzed families

The socio-demographic characteristics of families benefiting from ASF in Cluj-Napoca city, as of 1st of March 2020, and those recorded in the DASM-SPS registry from 1st of March 2020 to 1st of March 2021, were examined based on variables: *age of the ASF file holder at the exit from the*

*system, ethnicity, family type, education level of the file holder, family composition, and the number of children in the family.*

## a. Families benefiting from ASF recorded in the DASM-SPS on 1st of March 2020

Documentary research indicates that as of March 1, 2020, there were 175 families recorded in the DASM-SPS registry for whom the right to Family Support Allowance had been established by the mayor's order.

Law no. 277/2010 on family support allowance, with subsequent amendments, states in Article 1, paragraph (1), that the allowance for family support is a form of support for low-income families raising and caring for children up to 18 years old.

The aforementioned 175 families (described as the number of individuals in Table 3) are:

- 99 single-parent families
- 76 families consisting of both parents. The composition of the families is described below.

**Table 4.** Composition of ASF Families recorded in the DASM-SPS as of 1st of March 2020, Cluj-Napoca city

| No. | No. of Families | Parents | Minor children | Adult Children | Elderly |
|---|---|---|---|---|---|
| 1 | 99 single-parent families | 99 | 206 | 15 | 10 |
| 2 | 76 families | 152 | 158 | 21 | 5 |
| 3 | 175 families | 251 | 364 | 36 | 15 |

*Source:* DASM statistics, authors 'calculations

As of the mentioned date (1st of March 2020), families benefiting from ASF justified incomes below the threshold established by law, namely:

- Up to 0.4 ISR inclusive (up to 200 RON) – 113 families
- Between 0.4 ISR and 1.06 ISR (between 201 and 530 RON) – 62 families.

Table 4 details some aspects that illustrate the income level of the studied families based on family structure. An alarming percentage of 71.71% of single-parent families out of the 99 families record incomes below 200 RON, and a lower percentage, 55.26%, of biparental families have incomes below 200 RON.

A quick calculation shows that 113 families (543 individuals, averaging 4.8 persons/family, surpassing the calculated average of 3.8 reported for the 175 families and well above the calculated average of 2.6 persons/family for all families recorded in the DASM-SPS registry as of 1st of March 2020) live on incomes below 200 RON per month. An important clarification in establishing this right is provided in Article 13 of Law no. 277/2020 on family support allowance: In practice, when determining family incomes, state allowances for children are not taken into account.

**Table 5.** Income Levels of ASF Families recorded in the DASM-SPS Registry as of March 1, 2020, Cluj-Napoca city

| No. | No. of Families | Incomes below 200 RON | Incomes below 530 RON |
|---|---|---|---|
| 1 | 99 single-parent families | 71 | 28 |
| 2 | 76 families | 42 | 34 |
| | 175 families in total | 113 | 62 |

*Source:* DASM statistics, authors 'calculations

As stated in Table 4, the 175 studied families consist of 251 adults (parents), 364 minor children, 36 adult children, and 15 elderly individuals.

Among the 287 adults (251 parents and 36 adult children), as of March 1, 2020, 81 individuals (28.22%) were employed, a percentage that indicates not only a low level of employment but, more importantly, dependence on state support. Out of these 81 individuals (none with higher education), they work in sectors such as cleaning services, sanitation, manufacturing, and commerce. Seven individuals had part-time employment contracts.

The 36 adult children, as of 1st of March 2020, were aged between 18 and 26 years. Among them, three were students, and the others were not employed. In these conditions, it is important to note that the proportion of working adults (parents) from the total of 251 is 32.37%.

The studied families were living together with elderly individuals without incomes. An important aspect that needs to be clarified here is that the presence of the elderly in the family does not appear in the documentation for applying for the guaranteed minimum income. The law essentially refers to the nuclear family and not the extended family. For the accuracy of the research, we cross-referenced the data from applications with those recorded in social surveys and interviewed the inspectors managing the ASF files. These data are also important from another perspective, that of housing. The 15 elderly individuals from 15 families are homeowners, including seven parents of VMG file holders, five relatives from the extended family, and 3 elderly individuals without a degree of kinship with the ASF beneficiary family.

**Table 6.** Level of Education of the ASF File Holder – from the Beneficiary Family in the DASM-SPS Registry as of 1st of March 2020, Cluj-Napoca

| Working-Age Adults (Parents) | Education | No. | % |
|---|---|---|---|
| | Illiterate | - | - |
| | No Formal Education | 1 | 0.39 |
| | 4th-grade education | 26 | 10.35 |
| | 8th-grade education | 121 | 48.20 |
| | 10th-grade education | 99 | 39.44 |
| | Vocational School | 1 | 0.39 |
| | High School | 1 | 0.39 |
| | Post-High School Education | 2 | 0.79 |
| | Higher Education | - | - |
| | *Total* | 251 | % |

We gathered information regarding the educational level of the ASF file holder recorded in the DASM-SPS registry as of 1st of March 2020, interested in how the percentage of 32.37% employed individuals from the total working-age adults (parents) correlates with the level of education. The results show that although the average age of the ASF file holder is 36 years, the percentage of individuals with less than 10 years of schooling is 58.96%. Under these conditions, it can be asserted that intervention in terms of education or further studies for the individuals studied is urgently further needed.

Among the 148 adults with less than 10 years of education, 106 individuals belong to Roma minority.

## b. Families receiving Family Support Allowance (ASF) in the records of DASM-SPS from 1st of March 2020 to 1st of March 2021

During the period from 1st of March 2020 to 1st of March 2021, 101 new cases were recorded. Table 3.3 shows the evolution of the casuistry during the studied period. Therefore, the 276 families present at some point in the DASM-SPS records have the composition described in table below: 182 single-parent families and 94 families consisting of both parents.

**Table 7.** Composition of ASF families in the records of DASM-SPS from 1st of March 2020 to 1st of March 2021, Cluj-Napoca city

| No. | No. of Families | Parents | Minor Children | Adult Children | Elderly |
|---|---|---|---|---|---|
| 1 | 182 single-parent families | 182 | 352 | 51 | 17 |
| 2 | 94 families | 188 | 194 | 18 | 9 |
| | 276 families in total | 370 | 546 | 69 | 26 |

*Source:* DASM statistics, authors 'calculations

The 276 studied families amount to 370 adults (parents), 546 minor children, 69 adult children, and 26 elderly individuals, totaling 1011 people.

Of the 439 adults (370 parents and 69 adult children), 64 individuals were employed (14.57%). If as of 1st of March 2020, the percentage of employed individuals was 28.22%, it implies, on one hand, that some employable adults have lost their jobs, and on the other hand, the new cases involve families with a low percentage of working individuals.

In line with the information obtained from the inspectors managing the ASF files, the disengagement of employable adults from beneficiary families is strongly linked to the situation created by the COVID-19 pandemic. The explanation lies in the low level of qualifications and the fact that some companies closed during the state of emergency and afterward.

The 69 adult children registered with DASM-SPS at the time had ages ranging from 18 to 28 years. Among them, 4 were students, while the others were not employed.

Similar to the situation of families in the DASM-SPS records as beneficiaries of ASF as of 1st of March 2020, the families in the DASM-SPS records as beneficiaries of ASF from 1st of March 2020 to 1st of March 2021, lived together with elderly individuals without income. The 26 elderly from 25 families are homeowners, including 11 parents of VMG file holders, ten extended family members, and five elderly individuals unrelated to the ASF beneficiary family.

During the mentioned period (1st of March 2020 to 1st of March 2021), the ASF beneficiary families justified incomes below the legal threshold, specifically:

- Up to 0.4 ISR inclusive (up to 200 RON) – 182 families
- Between 0.4 ISR and 1.06 ISR (between 201 and 530 RON) – 94 families.

Table 8 details some aspects that highlight the income levels of the studied families based on family structure. While, for the 175 families documented as of 1st of March 2020, we had a proportion of 71.71% single-parent families among the 99 families with incomes below 200 RON and a lower percentage, 55.26%, among biparental families with incomes below

200 RON, the situation for cases documented between 1st of March 2020, and 1st of March 2021, appears even more concerning: out of the 276 families in the records, 81.86% of the 149 single-parent families had incomes below RON, and among biparental families, 62.76% recorded incomes below 530 RON.

**Table 8.** Income Levels of ASF Families Recorded in DASM-SPS Database from 1st of March 2020 to 1st of March 2021, Cluj-Napoca city

| No. | No. of Families | Incomes below 200 RON | Incomes below 530 RON |
|---|---|---|---|
| 1 | 182 single-parent families | 149 | 33 |
| 2 | 94 families | 59 | 35 |
| | 276 families in total | 208 | 68 |

*Source:* DASM statistics, authors 'calculations

We presented the education level of ASF case holders as of 1s of 2020, highlighting a low level of education for these individuals, Table 9 shows the education level of the head of the family benefiting from ASF in the DASM-SPS records from 1st of March 2020 to 1st of March 2021. It can be observed that individuals with better education (high school – 13.78% compared to 0.39% on 1st of March 2020) accessed the family support allowance program, suggesting a decrease in income for those with intermediate education. On the other hand, although slightly decreased (47.83% compared to 59.96% on 1st of March 2020), we have a concerning percentage of adults with less than 10 years of schooling. The chances of finding employment under such conditions are rather low.

**Table 9.** The education level of the head of the family benefiting from ASF in the records of DASM-SPS from 1st of March 2020 to 1st of March 2021, in Cluj-Napoca

| Working-Age Adults (Parents) | Education | No. | % |
|---|---|---|---|
| | Illiterate | - | - |
| | No Formal Education | 5 | 1.35 |

| Working-Age Adults (Parents) | Education | No. | % |
|---|---|---|---|
| | 4th-grade education | 31 | 8.37 |
| | 8th-grade education | 141 | 38.10 |
| | 10th-grade education | 131 | 35.40 |
| | Vocational School | 3 | 0.81 |
| | High School | 51 | 13.78 |
| | Post-High School Education | 8 | 2.16 |
| | Higher Education | - | - |
| | Total | 370 | |

*Source:* DASM statistics, authors 'calculations

## Main reasons for which supported families ended this right within the interval 1st of March 2020, and 1st of March 2021

During the period from 1st of March 2020 to 1st of March 2021, the reason for the termination of the family support allowance was studied using a grid that was coded as follows:

- Ang (EMP) – employment of the ASF file holder leading to a substantial increase in income;
- B (P)– possession of goods from the list of goods that lead to the exclusion of social assistance;
- F (R) – refusal of the family to provide information regarding family members or income, or false declarations, as detected by the inspectors responsible for conducting social investigations;
- M – Change of residence, moving the family outside the jurisdiction of Cluj-Napoca city;
- N – non-compliance with conditions, children are no longer minors;
- ABS – recorded absences of children leading to the cessation of the right.
- VERIF(CHECK)– checks by the public service managing social benefits or by the County Payments and Social Inspection Agency.

According to the DASM – SPS statistics, the right to family support allowance was terminated for 97 families, by order of the mayor of Cluj-Napoca, in accordance with the law. Table below presents centralized reasons underlying the issuance of orders to terminate family support allowance.

**Table 10.** The reasons for the termination of the right to family support allowance for families that were eligible for ASF between 1st of March 2020, and 1st of March 2021, in Cluj-Napoca city

| Reasons for terminating ASF | | No. | % |
|---|---|---|---|
| 1 | Ang (EMP) | 1 | 1.03 |
| 2 | B (P) | 2 | 2.06 |
| 3 | F (R) | 1 | 1.03 |
| 4 | M | 2 | 2.06 |
| 5 | N | 21 | 21.64 |
| 6 | ABS | 61 | 62.88 |
| 7 | Verif (CHECK) | 9 | 9.27 |
| Total | | 97 | |

*Source:* DASM Archive, authors 'calculations

From the analysis of the table, it is obvious that one person has found employment, leading to an increase in the family's income and, consequently, exceeding the legal threshold for maintaining the right to Family Support Allowance. In fact, out of the 276 families studied, three individuals were employed, two of whom were previously without income. This resulted in a modification of the family support allowance amount but did not lead to the loss of the right. Furthermore, a considerable number of provisions (115 decisions) were recorded for the modification of the family support allowance amount but were not analysed in detail. A preliminary analysis indicates that the majority of issued provisions resulted in an increase in the allowance amount, reflecting a decrease in the incomes of the families registered with DASM-SPS.

Only two families were identified as possessing assets leading to the exclusion of the right to ASF, one family refused to provide the necessary information for the granting/maintenance of the ASF right, and two families changed their residence from the municipality of Cluj-Napoca. For 21 families, the ASF right was terminated because the minors in the family reached adulthood. A more detailed analysis revealed that this is not the sole reason; in these families, there are minors who were excluded from the count of children considered for ASF eligibility because they accumulated over 20 absences during a semester. Essentially, we encounter situations where families lose the right to the family support allowance because the children do not attend compulsory education courses. Correlated with point 6 in Table 10 (indicating that, for 61 families, the right to the family support allowance was terminated because all children in the family did not attend compulsory education courses), it is evident that 82 families have children with recorded absences (over 20 in a semester).

We consider that this fact requires sustained intervention, as the risk of school dropout is high, at 15% (out of a total of 546 minors recorded in the period from 01.03.2020 to 01.03.2021 in the DASM-SPS registry, 82 are at risk of school abandonment).

Surprisingly, not all of these 82 families are of Roma ethnicity, although the percentage is significant (48 families whose right to ASF has been terminated due to children recording absences are of Roma ethnicity). In official records (on forms sanctioned by law, the application through which the applicant provides family data, the social survey through which the inspector assesses whether the family meets the conditions for granting minimum guaranteed income, statistical reports), ethnicity is not recorded. This aspect is regulated by another law, Law no. 677 of 2001 on the protection of individuals with regard to the processing of personal data and the free movement of such data, which, through Article 7, prohibits the processing of personal data related to ethnic origin. This is also the reason why data collected at the level of AJPIS or the Ministry of Labor

and Social Solidarity cannot show how many individuals or families belonging to the Roma minority (or other minorities) are beneficiaries of VMG or other forms of social protection. However, the present research is based on direct interaction with families, individuals benefiting from ASF in Cluj-Napoca, who have agreed to disclose their ethnic identity, as well as direct interaction with inspectors from the Directorate of Social and Medical Assistance, Social Protection Service, who are responsible for the studied cases.

## Other social benefits granted to analyzed families

**A. a)** Among the 175 families studied (registered with DASM-SPS on 1st of March 2020), 75 families were receiving social assistance granted according to Law no. 416/2001 on the guaranteed minimum income, with subsequent amendments and completions, under the conditions established by law. Additionally, 61 families benefit from the provisions of Law no. 208/1998 regarding social aid canteens (31 families benefit from the free services of the Social Aid and Pension Canteen, while 30 families benefit from paid services amounting to 30% of their income)

**b)** Only one family was a beneficiary of the support program approved by Local council decision no. 70/ 2018, modified by Local council decision no 413/ 2020, regarding the approval of the Regulation for granting assistance for rent payment to single persons/families residing within the city of Cluj-Napoca.

**c)** All families receive state child allowance, under the conditions established by Law no. 61/1993 on state child allowance, with subsequent amendments and completions, in the amounts determined by law.

**d)** Out of the 175 families, 101 were beneficiaries of heating assistance in accordance with Emergency Ordinance no. 70/2011 on social protection measures during the cold season, being vulnerable consumers according to the mentioned law, as follows:

- 61 families receive heating assistance with thermal agents, in the corresponding amounts;
- 12 families receive heating assistance with gas, in the corresponding amounts;
- 8 families receive heating assistance with electric energy, in the amounts determined by law;
- 18 families are beneficiaries of heating assistance with wood, in the amounts and conditions established by law;

**e)** Only three families benefit from educational vouchers in accordance with Law no. 248/ 2015, regarding the stimulation of the participation of children from disadvantaged families in preschool education, under the conditions established by law, at the request of the titular. The number of preschool-aged children from these 175 families is 82. The fact that an absolutely insignificant percentage benefits from educational vouchers has a single explanation, and that is related to the fact that these children are not enrolled in kindergarten.

**B**. **a)** Out of the 276 families studied (registered with DASM-SPS in the researcher period), 154 families also received social assistance granted according to Law no. 416/2001 on the guaranteed minimum income, with subsequent amendments and completions. This can be explained by considering two aspects:

- The incomes of the families that were registered with DASM-SPS on 1st of March 2020, decreased during the study period, making them eligible for both social assistance and social welfare;
- New case families justified incomes that allowed the granting of both social benefits, VMG, and ASF. These are, in fact, families without incomes (state child allowances are not taken into account in determining the right to social assistance or family support allowance).

**b)** For 106 families the right to Social Aid and Pension Canteen services under the conditions of Law no. 208/1997 on social aid canteens was

already established or was established within the mentioned interval (74 families received free services from the Social Aid and Pension Canteen, while 32 families benefited from paid services amounting to 30% of their income).

**c)** Four families were beneficiaries of the support program approved by Local council decision no. 413/2020 regarding the approval of the Regulation for granting assistance for rent payment to single persons/ families with domicile or residence within the municipality of Cluj-Napoca. The increase in the number of families accessing the rent payment assistance program, according to the data obtained from the head of the Social Protection Service and the inspectors of the Social Protection Service, is related to several aspects:

- The increased trust of the population of Cluj-Napoca in the mentioned program;
- The increased offer of rental housing, given that during the state of emergency and the alert period generated by the COVID-19 pandemic, schools and universities were closed or conducted online courses, and students from Cluj universities who had their domicile outside Cluj-Napoca gave up rented apartments in the city.

**d)** All families received state child allowance, under the conditions established by Law no. 61/1993 on state child allowance, with subsequent amendments and completions, in the amounts determined by law.

**e)** Regarding heating assistance, throughout the studied period from 1st of March 2020 to 1st of March 2021, out of the 276 families, 204 families benefited from this type of assistance. An important clarification is that the mentioned period overlapped with two cold seasons (November 2019 – March 2020 and November 2020 – March 2021). Due to this fact, we highlighted only the total number of "beneficiaries" in payment, without a breakdown into categories of aid.

**f)** Regarding the issuance of educational vouchers, we mentioned that as of 1st of March 2020, only three families were beneficiaries of educational vouchers under the conditions established by law, which was attributed to the non-enrolment of children in kindergarten.

39 families (with 41 children) benefited from educational vouchers in line with Law 248/ 2015, on the stimulation of the participation in preschool education of children from disadvantaged families. The fairly substantial difference is related to a significant legislative change that came into effect in January 2021. According to this amendment, the educational stimulus is granted automatically, along with the establishment of the right to the family support allowance, or after its granting, to the person who is also the holder of the family support allowance. Therefore, all families benefiting from the ASF and having children attending kindergarten benefit from educational vouchers, eliminating the cap of 284 RON/family member, in force as of 1st of March 2020.

**g)** Families receiving family support allowance registered with DASM-SPS in September 2020 benefited from school supplies and backpacks in a program that has been running since 2005, as part of social assistance measures aimed at preventing and combating poverty and the risk of social exclusion, in accordance with the principle of equal opportunities. The program, endorsed by local council decision, aimed to provide the necessary framework for promoting intervention measures to reduce school dropout among children from families unable to meet basic needs under optimal conditions. A total of 283 backpacks were provided for 178 families.

**h)** Children from ASF beneficiary families (12) were also included in a support program carried out in partnership with the UiPath Foundation, which has been implementing the program for the third consecutive year.

## Institutional Mechanisms for Verifying Statements by Families Accessing the Family Support Allowance

The granting of the family support allowance is subject to verifications by authorized bodies, in accordance with the law.

The granting of rights arising from current legislation (referring to the right to social benefits) is based on the statements of applicants. Social services do not have readily available means to substantiate the statements of applicants – only the SAFIR computer program of AJPIS 'sees' in the system if the VMG applicant from Cluj-Napoca still has a social benefit established in another administrative-territorial unit, or information can be requested from the control body – the Court of Auditors – regarding ANAF, and this information can be promptly transmitted. To verify the assets listed as leading to the exclusion from social benefits, the Directorate of Social and Medical Assistance has a collaboration protocol with the Tax and Duties Directorate of the Cluj-Napoca City Hall for these verifications. However, this aspect has serious limitations because a beneficiary may own assets throughout Romania and beyond. The collaboration protocol with the aforementioned Directorate allows the verification of assets held only within the Cluj-Napoca municipality.

DASM has access to the database of the National Agency for Public Finances (PATRIMVEN-ANAF program), which allows the visualization of income derived from salaries of applicants. This control mechanism also has gaps because incomes from private businesses, companies, copyright, etc., are not visible.

Data about the housing of families benefiting from the family support allowance registered with DASM-SPS, longitudinally for the period 1st of March 2020 – 1st of March 2021, as well as cross-sectionally on March 1, 2020 (ownership, rent, tolerated at relatives, living in improvised shelters, living in DASM's profile centres) can be tracked in table below.

**Table 11.** Housing data for Families
Receiving the Family Support Allowance, as of March 1, 2020,
and in the Period March 1, 2020 – March 1, 2021, City of Cluj-Napoca

| | | 1st of March 2020 | % | 1st of March 2020 – 1st of March 1 | % |
|---|---|---|---|---|---|
| 1 | Owned Residence | 46 | 26.28 | 167 | 60.50 |
| 2 | Rent | 13 | 7.42 | 17 | 6.15 |
| 3 | Tolerated with Relatives | 107 | 61.14 | 76 | 27.53 |
| 4 | Makeshift Shelters | 8 | 4.57 | 16 | 5.79 |
| 5 | Centres | 1 | 0.57 | - | - |
| Total | | 175 | | 276 | |

*Source:* DASM Statistics, authors 'calculations

Beyond the aspects related to income (all studied families have incomes below 530 RON/month, a mandatory condition to qualify for family support allowance), Table 4 highlights even more prominently the vulnerability level of these families. Data analysis reveals that only 26.28% of the families on record as of 1st of March 2020, owned their homes. The percentage is much higher when referring to families that accessed this right between 1st of March 2020, and 1st of March 2021, indicating a crisis situation due to job losses, a fact confirmed in interviews with families and SPS inspectors.

As of 1st of March 2020, families on record lived in rented accommodation, accounting for 7.42% (13 families, of which 1 family paid rent according to the municipality's program).

The percentage of families living in rented accommodation from 1st of March 2020 to 1st of March 2021, decreases to 6.15%, but the number of families accessing the rental program increases (4 families). The aspect related to "tolerated by relatives" is the most interesting to study. As previously shown, elderly individuals (essentially elderly people without income) are part of the studied families. The 15 families recorded as of 1st

of March 2020, and the 26 families recorded from 1st of March 2020 to 1st of March 2021, are listed as living in the ”tolerated by relatives” arrangement. On the one hand, this can be attributed to the support mechanisms within extended families (including those of Roma ethnicity); on the other hand, it may indicate a circumvention of the tax system, as rental contracts may not be declared.

Only one family lived in one of the DASM centers. This aspect deserves more in-depth analysis and may be attributed to the fact that the municipality practically has only three rooms for families (referring to the Emergency Social Centre located in Cluj-Napoca, Dragoș Vodă Street, No. 36-38). The centers under the authority of DASM are prepared to accommodate single individuals and much fewer families.

Surprisingly and counterintuitively, only 4.57% of families recorded as of 1st of March 2020, and 5.79% of families recorded from 1st of March 2020 to 1st of March 2021, lived in improvised shelters. This aspect may be related to the school dropout rate. From DASM-SPS statistics and interviews with SPS inspectors, it appears that families entitled to social assistance in poor areas cannot access the family support allowance, either because they no longer have minor children or because minors in these families have dropped out school.

## Other needs of Families Receiving Family Support Allowance

As mentioned in the chapter on research methodology, interviews were conducted with all 83 families listed in the DASM-SPS records as of 1st of March 2020, and found in the records on 1st of March 2021. The interview guide aimed to capture three aspects: family incomes; main unmet needs as well as plans for the future.

The analysis of the obtained data reveals the following aspects which are listed below.

Out of the 83 families studied (51 single-parent families and 32 families consisting of both parents), 21 working-age adults have employment

contracts (five of them with part-time work). Working-age adults reported that before the onset of the state of emergency in Romania, they used to engage in various paid activities (e.g., agriculture, cleaning, tailoring, accompanying children to school), but these incomes have decreased or disappeared. Families without adults bringing in income rely on the state child allowance, family support allowance, social assistance (67 families also receive social assistance), services of the Social Assistance and Pension Canteen (61 families benefit from free meals, and 19 families pay 30% of their income for meals). Interviewed families also mentioned occasional assistance from relatives (only 3 families have such mentions).

The 83 families studied face housing problems. Only 32 families own their homes. The other 51 families would be eligible to receive social housing from the state housing fund (12 families have such requests). Out of the 51 families, 43 fall into the "tolerated by relatives" category, meaning they practically share an apartment with other families. Food needs are generally met due to access to the services of the Social Assistance and Pension Canteen. Information obtained from DASM-SPS inspectors indicates that a meal at the canteen costs 450 RON for an adult and 360 RON per child. Families cannot take care of their own health; practically all of the 83 families brought up the fact that they face health issues. Even though they are insured (either because they work or because they are also recipients of social assistance, thus insured in the health insurance system), they do not benefit from the services they need. All 83 families are registered with a family doctor but discuss issues of discrimination: "Who pays attention to us? They keep us at the door when they see us"[1], neglect; "I asked for a referral to a specialist, but they said I don't need it"[2]. Issues of discrimination against children were also raised:[3]" Do you think only mine are marked absent" or difficulties in accessing online classes "Yes, they cut my allowance

[1] L.N. 45 years old, single mother of 3 minor children, living in Pata Rât, Dallas colony.
[2] K.N. 40 years old, unemployed.
[3] B.M. 28 years old, single mother of 4 children, living in Pata Rât, Green Colony

for I don't know how many months, but the child had nothing to study on."[4] or difficulties in supervising children and helping them with homework.

The chapter on future plans is practically without answers. The interviewed families have serious difficulties in planning for the future. Plans are strictly related to children: "to see them stand on their own"[5], "to at least finish eighth grades"[6], "to quit smoking"[7]. Although more than 50% of the studied adults have less than 10 years of education, the idea of returning to school is rejected. "Should everyone laugh at me?"[8]. Instead, the idea of taking qualification courses has been fairly well accepted, provided a job is found.

## Conclusions

The present research considered all 276 families registered in the records of the Social Assistance Directorate – Social Protection Service (DASM-SPS) as beneficiaries of family support allowance, in accordance with Law no. 277/2010 on family support allowance, with subsequent amendments and additions, during the period from 1st of March 2020 to 1st of March 2021. The study started with the 175 families receiving family support allowance as of 1st of March 2020, and extended to the families that remained in the DASM-SPS records for the period 1st of March 2020 to 1st of March 2021. Additionally, the research included an examination of the 83 families that remained in the DASM-SPS records throughout the whole year.

Regarding the socio-demographic characteristics of ASF beneficiary families in Cluj-Napoca on 1st of March 2020, and those in the DASM-SPS records from 1st of March 2020 to 1st of March 2021, the following aspects were observed:

[4] N.G. 29 years old, single mother of 2 children.
[5] V.M. 50 years old.
[6] P.M. 25 years old, mother with no formal education, regarding her 12-year-old child who repeated the fifth grade.
[7] S.R. 26 years old, mother, discussing her 14-year-old child who smokes.
[8] C.N. 29 years old, 8th grade education.

A) Among the initial 175 researched families, 99 are single-parent families, and 76 are two parents' families. These families care for 364 minor children. One hundred thirteen families (543 individuals) have incomes below 200 RON (state child allowances are not considered in family income calculations). Out of 287 adults, only 81 adults work under employment contracts. Adults with less than 10 years of education represent 58.96% (106 individuals belong to Roma ethnic minority).

B) Among the 276 ASF beneficiary families in the DASM-SPS records from 1st of March 2020 to 1st of March 2021, 182 are single-parent families, and 94 are composed of both parents. This accounts for 546 minor children and 439 adults (370 parents and 69 adult children), of which 64 individuals (14.57%) are employed.
Information from inspectors managing ASF cases indicates that the disengagement of working-age adults from beneficiary families is strongly impacted by COVID-19 pandemic. The explanation also lies in the low levels of education and the closure of various businesses during the state of emergency and beyond. Out of the 276 families, 182 had incomes below 200 RON.

C) According to DASM-SPS statistics, 97 families had their right to family support allowance ended by the decision of the Cluj-Napoca mayor in line with in force regulations. Only one person gained employment, leading to increased family income and surpassing the legal threshold for maintaining ASF eligibility. Two families were identified as owning assets that disqualify them from ASF, one family refused to provide the necessary information for ASF eligibility, and two families changed their residence from Cluj-Napoca. For 82 families (including 48 of Roma ethnic minority), the right to ASF ceased due to children's excessive absences (over 20 in one semester).

D) Out of the 175 examined families, 75 families were also receiving social assistance according with the Law 416/ 2001 on minimum income guaranteed, with subsequent amendments and completions. Additionally, 61 families benefit from the provisions of Law 208/

1997 on social assistance canteens (31 families receive free services from the Social Assistance and Pension Canteen, while 30 families receive services at a cost of 30% of their income). Only one family was a beneficiary of the support program approved by Local council decision no. 70/ 2018, modified by Local council decision no. 413/ 2020, approving the Regulation for granting aid for the rent payment for individuals/families residing in Cluj-Napoca. Moreover, 101 families received heating assistance according to Emergency Ordinance No. 70/2011 on social protection measures during the cold season, with subsequent amendments and completions, being vulnerable consumers under the mentioned law. Three families benefited from educational vouchers in accordance with Law 248/ 2015, stimulating the participation of children from disadvantaged families in preschool education, meeting the conditions established by law.

Of the 276 families studied, 154 families also received social assistance under Law No. 416/2001 on guaranteed minimum income, with subsequent amendments and completions. For 106 families, the right to Social Assistance and Pension Canteen services under the conditions of Law 208/1997 on social assistance canteens had already been established or was established during the mentioned period. Additionally, four families benefited from the support program through Local council decision no. 413/ 2020, approving the Regulation for granting aid for rent payment for individuals/families residing in Cluj-Napoca. Furthermore, 204 families received heating assistance, and 39 families (for 41 children) received educational vouchers under Law 248/ 2015, stimulating the participation of children from disadvantaged families in preschool education.

Families receiving family support allowance registered with DASM-SPS in September 2020 received school supplies and backpacks for their minor children, who could participate in the program called "School after School" or in the support program carried out in partnership with the UiPath Foundation.

One of the most serious issues faced by the families under consideration is related to access to housing. Only 26.28% of the families in the records as of 1st of March 2020, had their own homes, while 7.42% lived in rented accommodation (13 families, including one family whose rent was covered by the municipality's program). Percentage-wise, the number of families living in rented housing decreased to 6.15% between 1st of March 2020, and 1st of March 2021, but the number of families accessing the rental program increased (4 families). At the date of 1st of March 2020, 4.57% of the families in the records and 5.79% of the families between 1st of March 2020, and 1st of March 2021, lived in improvised shelters.

The 83 families recorded with DASM-SPS on 1st of March 2020, and also found in the records on 1st of March 2021 (51 single-parent families and 32 families with both parents) consist of 21 working adults with employment contracts (including five with part-time contracts). These families also face housing problems (only 32 families have their own homes, and 43 fall into the category of "tolerated with relatives"). While the studied families have their food needs covered through access to the Social Assistance and Pension Canteen services, they struggle with health issues that find no resolution within the health insurance system.

The research indicates that the studied families encounter situations of discrimination, and their future plans are solely focused on the future of their children, lacking a clearly outlined long-term vision. In a nutshell, the studied families do not project their future. Adults with low levels of education are generally unwilling to pursue further studies, although accessing vocational training courses is not ruled out.

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# People with Disabilities in Romania: Policies and Legislative Changes

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**Abstract.** *This article highlights the legislative changes that have taken place in recent years regarding people with disabilities. It begins by examining the concepts of disability and handicap from a conceptual perspective, followed by a statistical overview of the current situation in Romania. It then proceeds to review the legislative changes that have emerged since 2018, focusing on the restructuring of services for people with disabilities, Law No. 7 of 2023, and Law No. 140 of 2022.*

***Keywords:*** *people with disabilities, legislative changes, deinstitutionalization, independent life.*

## 1. Conceptual delimitations of handicap and disability

The etymology of the word "handicap" comes from the English expression "hand in cap," which was initially used to describe a game in which participants contested personal belongings by placing them in a hat ("cap") and later randomly drawing them out with their hand ("hand"). Initially, this term had a strong semantic connection with the idea of chance and random play. Over time, this phrase evolved phonetically and semantically, transforming into the word "handicap" we use today in various contexts, with meanings that have transcended the realm of the game and expanded into diverse fields, especially referring to a limitation or deficiency that affects a person's ability to participate in certain activities or integrate into certain environments. In the 18th century, around 1754, the term "handicap" was associated with horse racing. A "handicap race" meant a race where the unequal chances of horses were equalized by imposing additional weight on the better-performing horses, depending on their previous

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performances. Later, this concept extended from limitations in horse abilities to limitations in human abilities. Thus, the term "handicap" transitioned from denoting the limited ability of horses to encompass the consequences of human limitations. Progressively, the term came to replace other terms that had become considered pejorative and devaluing regarding people with disabilities or limitations. Today, "handicap" is used in a variety of domains to indicate a disadvantage, be it of an economic, social, or other nature, creating a state of inferiority or difficulty for an individual or a group of individuals. Its semantic evolution reflects a transition from a strict reference to horse racing to a connotation covering various aspects of difficulties or limitations (Botosineanu, 2018).

Today we encounter both the terms "handicap" and "disability." In the sociology dictionary, the term "handicap" is defined as a "disadvantage that a person has due to an infirmity (deficiency) or incapacity" (Manea, 1998). According to Law No. 448, persons with disabilities are "those individuals for whom the social environment, unadopted to their physical, sensory, mental, and/or associated deficiencies, either completely prevents or limits their access, with equal chances, to society's life, requiring protective measures to support social integration and inclusion" (Law no 448, 2006). Law No. 448 also introduces the term "disability," which is encountered as "disability – the generic term for impairments/deficiencies, activity limitations, and participation restrictions, defined according to the International Classification of Functioning, Disability, and Health, adopted and approved by the World Health Organization, which reveals the negative aspect of the individual-context interaction" (Law No. 448, 2006).

In the past, disabilities were more associated with the medical field and were defined through the lens society had towards such individuals, thus giving rise to the idea of the village idiot or fool, illustrating how people with cognitive impairments were understood even in a pre-scientific society (Rotatori et al., 2014).

The concept of disability was initially viewed from a religious perspective, specifically as an opportunity for a miracle, with people with disabilities being seen as chosen by the Lord (Humpage, 2007). Subsequently, other explanations for this "phenomenon" emerged, giving rise to both the medical and later the social model, each with pros and cons, widely debated in the specialized literature (LoBianco and Sheppard-Jones, 2008). Thus, through the prism of the medical model, disability is seen as an individual or medical phenomenon resulting from deficiencies in body functions or structures; a deficiency or anomaly. From the perspective of the social model, it is seen as a social construct imposed on the deficiencies of society; a difference (Haegele and Hodge, 2016). The medical model of disability views disability as a disease. In other words, people are disabled because of their impairments, and the only way to manage their disabilities is through medication. The social model of disability states that people are disabled because of how society is organized. Therefore, using the social model, people with disabilities can function well and independently if the barriers imposed by society are eliminated. When used in isolation, these models do not meet the individual needs of people with disabilities, requiring a holistic approach to disability (Fatoye, 2019).

## 2. Social inclusion of people with disabilities and independent living – a target of social policies

As an individual concept, social inclusion represents a multidimensional factor, composed of four dimensions: economic, political, social, and cultural, at the individual, community, group, or country level (Taket et al., 2014).

Concerning people with disabilities, the understanding of human well-being has surpassed mere economic aspects, focusing on social inclusion. A holistic approach is necessary, concentrating on eliminating social exclusion and discrimination, providing equal opportunities for a dignified life to all members of society. People with disabilities are often marginalized and excluded from decision-making and cultural processes,

leading to a lack of autonomy and self-determination. The UN Convention on the Rights of Persons with Disabilities emphasizes the need for a paradigm shift, moving from a model of substitutive decision-making to one based on human rights and support for people with disabilities. Their rights, including the right to make decisions in all aspects of their lives, are internationally recognized and fundamental for the social inclusion of people with disabilities in global society (Ahmad et al., 2022).

More specifically, the social integration of people with disabilities starts with the importance of information, active participation in legislation addressing their specific issues. Government involvement is essential through protection policies and constantly evaluated development programs (Ionescu 2012).

Taket and his colleagues (2014) have built the phrase "social inclusion" through existing social policies and subsidiarily, to what extent social policies interfere with or lead to social inclusion, which prompted me to associate social policies in the field of disabilities, as well as legislative changes that have emerged in recent years, with the increasing phenomenon of social inclusion.

In what concerns social inclusion and independent living, the European Parliament has sparked revolutions in this area, with a resolution in 2022 referring to the following key aspects:

- Right to Independent Living: People with disabilities should have the right to live independently and receive appropriate community services. The gradual elimination of institutions and the promotion of social participation are essential for their integration into the community.
- Deinstitutionalization Strategies: Member States are urged to adopt strategies and develop programs to facilitate the independent living of people with disabilities and develop accessible and affordable housing for these individuals.
- Community Services and Adequate Housing: The availability of community support services and favorable living conditions are crucial for improving the quality of life for people with disabilities.

- Definition of Key Terms: It is important to have common definitions for terms such as "accessibility," "participation," and "community living" to ensure cohesion among member states and to facilitate the mutual recognition of deinstitutionalization efforts and their implementation methods.
- Reliable Data and Statistics: The need to address gaps in statistical data regarding the living conditions of people with disabilities to develop more effective strategies and to monitor progress in this direction.

## 3. People with disabilities and the services dedicated to them in numbers

Before delving into the journey of legislative changes, I'd like to emphasize first an overview of the existing situation in Romania, focusing on the figures surrounding people with disabilities. Statistically speaking, there's a significant difference between the number of people with disabilities in the community (non-institutionalized) and those in centers (institutionalized).

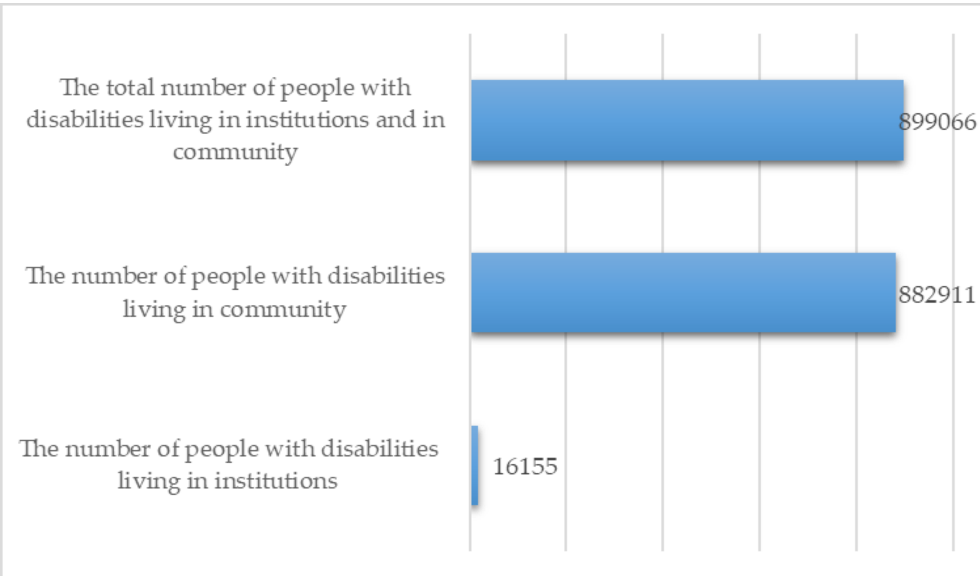



**Figure 1.** The number of people with disabilities in Romania as of June 30, 2023 (ANPD)

According to the National Authority for the Rights of Persons with Disabilities, updated data as of June 30, 2023, reports a total of 899,066 individuals with disabilities, out of which 882,911 are non-institutionalized, and only 16,155 are in centers.

In Romania, according to Law No. 448, people with disabilities can benefit from social services such as personal assistant, professional personal assistant, home care services, mobile teams, assistance and support services, outpatient neuromotor recovery services, day centers, and residential centers (Law No. 448/2006, Art. 51). The types of residential services for adults with disabilities are:

a) Protected housing;

b) Centers for independent living;

c) Rehabilitation and habilitation centers;

d) Care and assistance centers;

e) Respite centers/crisis centers.

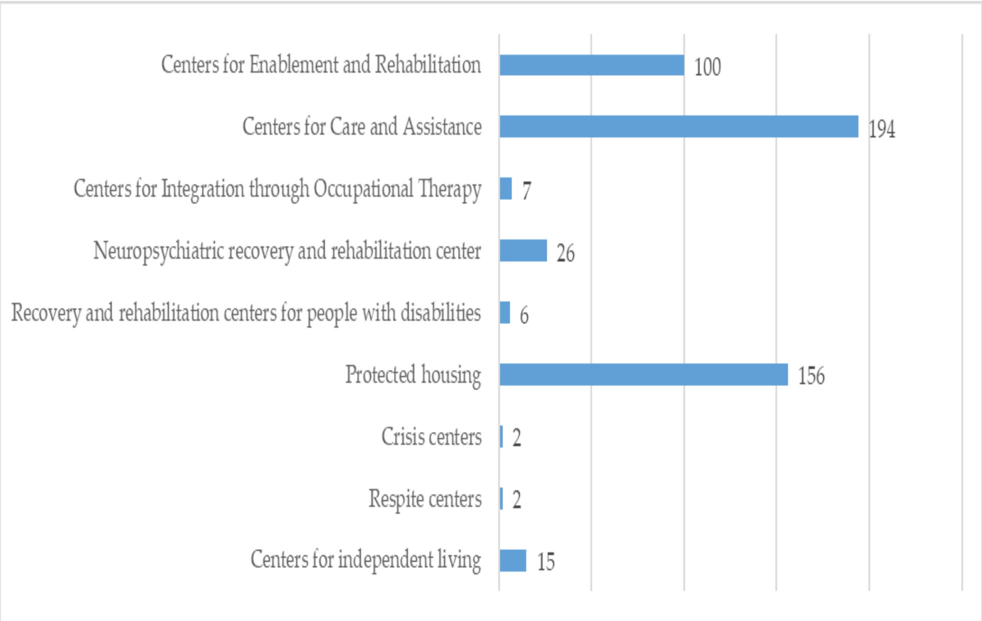



**Figure 2.** Functional residential services as of June 30, 2023 (ANPD)

However, the types of functional residential centers in Romania, according to statistics provided by ANPD, encompass several types of centers such as Habilitation and Rehabilitation Centers, Care and Assistance Centers, Integration Centers through Occupational Therapy, Recovery and Neuropsychiatric Rehabilitation Centers, Recovery and Rehabilitation Centers for people with disabilities, Protected Housing, Crisis Centers, Respite Centers, and Independent Living Preparation Centers.

In the series of non-residential services, we encounter a range of services, most of which fall within the scope of day services, numbering 35.

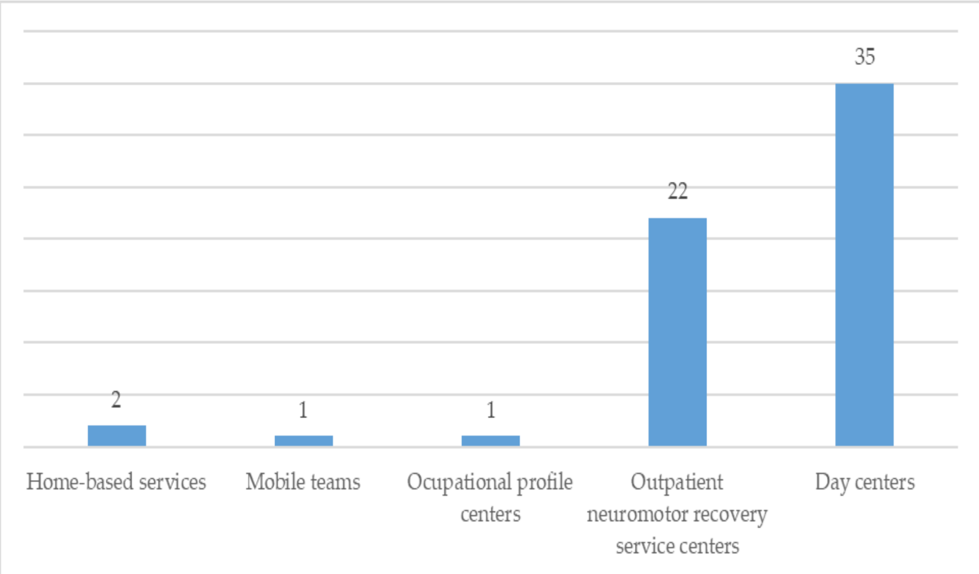



**Figure 3.** Functional non-residential services as og June 30, 2023, ANPD

## 4. The main legislative changes

Over the last years, Romania has undergone a series of legislative changes aimed at safeguarding dignity (Law No. 140/ 2022), supporting independent living (Law No. 7/2023), and formulating the National Strategy on the Rights of Persons with Disabilities, ”An Equitable Romania”, for 2022–2027.

The first legislative change introduced was the reorganization of services for persons with disabilities. The National Authority for Persons with Disabilities (ANPD) asserts that Romania's social protection system has remained largely institution-based. A significant portion of individuals with disabilities access social protection within specialized residential institutions. In 2017, there were 417 such residential centers for adults with disabilities, of which 111 operated with over 50 places. This infrastructure was often characterized by collective buildings resembling medical facilities, located outside communities, with deficient management and insufficiently trained staff to meet the rehabilitation and social integration needs. This framework did not facilitate the transition of persons with disabilities to community living or provide the necessary conditions for developing independence or harnessing individual potential.

In 2018, the Emergency Ordinance No. 69/2018 was enacted to amend and supplement Law No. 448/2006 concerning the protection and promotion of the rights of persons with disabilities. It limited the capacity of residential centers for adults with disabilities to a maximum of 50 places. This measure prompted a review of these centers' mandates and required the development of restructuring plans for those with capacities exceeding 50 places. Subsequently, methodologies complementing these measures emerged: Decision No. 877/30.10.2018 for the approval of the Methodology for the reorganization of residential centers for adults with disabilities and Decision No. 878/ 30.10.2018 for the approval of the Methodology for the development of restructuring plans for residential centers for adults with disabilities.

These restructuring plans outlined actions for the period 2019-2023, aiming to transition individuals with disabilities from old residential institutions to newly established family or residential alternatives. The restructuring process of these large-capacity social services is scheduled to conclude by December 31, 2023, following the implementation of these plans at the respective residential centers.

Romania's adherence to the rights of persons with disabilities gained momentum upon the ratification of the Convention through Law No. 221/2010, signifying a commitment to deinstitutionalization. This decision aimed to integrate individuals with disabilities into the community and grant access to supportive services and adapted housing. Independent living, a fundamental right, is recognized as crucial for personal development and control over one's life.

The national strategy "An Equitable Romania" for the rights of persons with disabilities (2022–2027) continues the Convention's implementation, focusing on specific deinstitutionalization objectives. Through the National Recovery and Resilience Plan, Romania aims to accelerate deinstitutionalization by 2026, employing the national strategy for the prevention of institutionalization of adults with disabilities and the acceleration of deinstitutionalization. This approach is seen through Law No. 7 of January 4, 2023, supporting the deinstitutionalization process of adults with disabilities and the application of measures to accelerate and prevent institutionalization, along with the modification and completion of certain normative acts.

The national strategy for the prevention of institutionalization of adults with disabilities and the acceleration of deinstitutionalization encompasses six action directions, ranging from national coordination of the deinstitutionalization process to community integration, aiming to raise societal awareness to support the independent lives of persons with disabilities. Key indicators, including the reduction in the percentage of institutionalized persons, define the objectives and monitor the performance in implementing these measures. These actions seek to enhance the independence of persons with disabilities, supporting their transition to independent living and community integration, transforming the concept of residential care into community services, and assisting families in supporting the independent lives of these individuals. By establishing key indicators and clear objectives, progress is monitored,

ensuring that policies and actions concentrate on improving the lives and inclusion of persons with disabilities.

Another significant modification aimed at safeguarding the rights of persons with disabilities was ratified through Law No. 140/2022 concerning certain protective measures for persons with intellectual and psychosocial disabilities, amending and supplementing certain normative acts. Law No. 140 modifies the measure of legal incapacitation that occurred when the lack of discernment was established, introducing protective measures:

- Assistance in concluding legal acts;
- Judicial counseling;
- Special guardianship;
- Protection mandate.

Another crucial provision of Law No. 140/2022 is the reassessment of existing legal incapacitation requests at the current moment, which must be reviewed within a period of three years, either upon request or ex officio.

## 5. Conclusions

As a brief overview of the legislative changes, we'll discuss several crucial aspects:

- **Ratification of Conventions and National Strategies**: Romania ratified the Convention through Law No. 221/2010, emphasizing commitments to deinstitutionalization, community integration, and access to supportive services and adapted housing for individuals with disabilities. The national strategy "An Equitable Romania" for the rights of persons with disabilities (2022–2027) continued implementing deinstitutionalization objectives. Additionally, the National Recovery and Resilience Plan targeted accelerated deinstitutionalization until 2026.

- **Law No. 7/2023 for Deinstitutionalization and Prevention**: Law no. 7, enacted in January 2023, supported the deinstitutionalization process for adults with disabilities and aimed to accelerate and prevent institutionalization, alongside modifications to existing normative acts.
- **Law 140/2022 for Protective Measures**: This law introduced protective measures for individuals with intellectual and psychosocial disabilities, such as assistance in legal acts, judicial counseling, special guardianship, and protection mandates. Additionally, it mandated the reassessment of existing legal incapacitation requests within a three-year period.

These legislative changes represent Romania's commitment to transitioning from institutional care to community-based support, ensuring the rights, independence, and integration of individuals with disabilities into society.

The concern that remains is whether society is ready for such changes, and more. Are people with disabilities truly prepared to embrace the independent life legislators hope for? What are their actual desires? These are some aspects worth further investigation, representing a current issue faced by social workers.

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# Statistical Insights into Elderly Integration and Reintegration in Romania: Trends and Challenges

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*Henrietta* TORKOS**

**Abstract.** This study presents a comprehensive analysis of the integration and reintegration landscape of the elderly population in Romania, focusing on statistical trends and associated challenges. As the demographic structure in Romania undergoes significant shifts with an aging population, understanding the dynamics of elderly integration becomes crucial for societal development. Employing a range of statistical methodologies and data sources, this research delves into key aspects of elderly integration, encompassing social inclusion, healthcare access, economic participation, and community engagement. Statistical indicators reveal both promising advancements and persistent challenges in integrating and reintegrating the elderly into Romanian society. The analysis highlights trends indicating improvements in certain domains, such as increased access to healthcare services and evolving social support systems. By examining these statistical trends, this study elucidates the multifaceted nature of elderly integration issues in Romania and underscores the complexities inherent in addressing them. Moreover, this research identifies critical challenges that impede effective integration and reintegration efforts, including inadequate infrastructure, limited policy frameworks, and societal attitudes toward aging. The findings underscore the necessity for targeted interventions and policy adjustments to foster a more inclusive and supportive environment for the elderly population. In conclusion, this study not only provides valuable statistical insights into the current status of elderly integration in Romania but also emphasizes the urgent need for comprehensive strategies and collaborative initiatives to address the multifaceted challenges faced by the elderly. By leveraging statistical analyses, policymakers, stakeholders, and advocacy

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groups can formulate evidence-based interventions aimed at fostering a more inclusive and supportive environment for the elderly, ensuring their active participation and well-being within Romanian society.

***Key words:*** *elderly, integration, reintegration, insights, challenges.*

## Introduction

The reintegration of older individuals into society stands as a crucial element for ensuring their welfare and nurturing a more inclusive community. In Romania, a nation experiencing significant demographic changes marked by an increasingly aged population, this reintegration process assumes a heightened importance. As the country grapples with the complexities posed by its aging demographic, the comprehension and resolution of reintegration challenges become of utmost significance. Similar to numerous other nations, Romania faces the dual challenge of furnishing ample support systems and opportunities for its elderly populace while contending with societal attitudes and structural barriers that obstruct their full engagement. Traditionally, the elderly in Romania have held pivotal roles within family and community structures, embodying wisdom and safeguarding cultural heritage. Nonetheless, societal shifts, economic alterations, and evolving family frameworks have disrupted the traditional means of supporting the elderly, prompting an urgent necessity for reintegration strategies adaptable to these changes.

Within these transformations, the concept of elderly reintegration encompasses diverse facets, spanning from economic inclusion and health-care access to social involvement and mental well-being. Effectively reintegrating older individuals into the societal framework demands holistic approaches that not only recognize their needs but also acknowledge the potential contributions they can offer to the broader community. Despite Romania's progress in formulating policies and initiatives addressing elderly care and support, obstacles endure. Challenges such as insufficient infrastructure, restricted healthcare access, social seclusion, and economic

fragility persistently impede successful reintegration endeavours. Additionally, societal perceptions and stereotypes regarding aging often contribute to marginalizing the elderly, hindering their active involvement across various spheres of life. (Popa, 2000)

## Recent perspectives

The term ”elderly” can have various meanings and can be defined according to the context in which it is used. In general, an elderly person is often associated with advanced age and experience gained over the years. However, the definition of this term may vary depending on the cultural, social or linguistic perspective. In literature and oral tradition, in various cultures, the term can describe someone who possesses wisdom, skill, and a wealth of knowledge due to age or experience. This definition is often based on respecting and valuing traditions, experience and wisdom gained over the years. Despite these positive connotations, the term can also be used in a more neutral or pejorative sense, referring only to a person's advanced age without necessarily implying wisdom or experience.

Every member state of the European Union faces the demographic aging of the population and the emergence of tensions between generations. There is no doubt that these demographic changes will reshape the economy and society. The trends resulting from the reduction in the birth rate and the increase in the average life span obviously support the phenomenon of population aging. It is estimated that, between 2010-2050, the structure of the population by age groups will fundamentally change. People aged over 65 will represent over 30% of the total population in 2050, compared to 17% at present, while the share of the 24-year-old population will decrease in the same period of time, from 30% to 23%. (PNUD, 2021)

Retirement is an important event in the life of the elderly, its meaning being overwhelming for those who were used to defining it usefulness in the profession. In general, the attitude towards retirement depends on a series of factors including: the socio-economic status of the respective

person, the type of previous activity, state of health, type of behaviour individual. For many older people, retirement is seen as a loss and, as in the case of any other loss, a meaning must be found before the respective person overcomes it. Some of the effects of retirement include:

- the reduction of incomes and the appearance of financial difficulties which are reflected in loss of social position and individual prestige;
- loss of social status;
- the appearance of a negative image regarding one's own person, care presenting a burden for other family members.

Along with aging, changes occur in the evolution of the person the context in which aging is associated with illness, loss of life partner or the deterioration of the social position. If for a young adult self-esteem is conditioned by the correct exercise of the roles of parent, husband, wife, employee, for an elderly person these motivations lose their intensity. Self esteem is derived for the elderly from the consideration of one's own person as moral and religious. The elderly must be supported so that they can still feel useful for society, especially because they are still helpful to other members of society. But first of all we have to change the way we perceive them, i.e. not as too heavy a burden left on society's shoulders. (Mureșan, 2012)

## Integration of the elderly

The integration of the elderly into society is a crucial aspect of building inclusive communities that value the contributions and experiences of individuals across all age groups. It involves creating environments where older adults feel respected, engaged, and connected, allowing them to participate actively and meaningfully in various spheres of life. Integrating the elderly fosters intergenerational connections, promoting understanding, empathy, and respect among different age groups. It helps bridge the generation gap, creating cohesive communities where experiences and knowledge are shared and valued. Social isolation and loneliness can

significantly impact the mental health of older adults. Integration provides opportunities for social interactions, reducing feelings of loneliness and enhancing emotional well-being. Engaging in social activities, volunteering, or participating in community events can positively affect their overall mood and mental health. Older adults often possess a wealth of knowledge, experience, and skills gained over a lifetime. Integrating them into society allows for the transfer of this wisdom to younger generations, benefiting society as a whole. Their insights and perspectives can be invaluable in decision-making processes and problem-solving across various domains. Creating inclusive spaces encourages active participation of seniors in economic, cultural, and civic activities. It ensures that their voices are heard, their needs are considered, and they remain active contributors to society, rather than being marginalized or overlooked. Studies have shown that social interaction and a sense of belonging can positively impact physical health among older individuals. Being part of a community, engaging in social activities, and feeling valued can contribute to a healthier and more fulfilling life in their later years. (Bălașa, 2003)

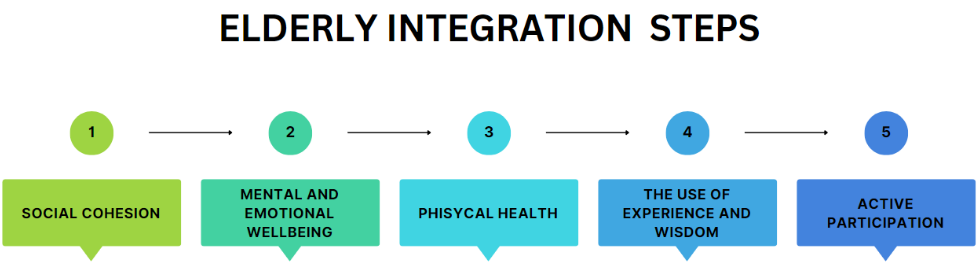



**Fig. nb. 1.** Steps showing the path of elderly integration

Efforts to integrate the elderly can involve various initiatives such as community centers, intergenerational programs, mentorship opportunities, age-friendly policies, accessible infrastructure, and educational programs. Governments, local authorities, organizations, families, and individuals all play a role in fostering an environment where older adults are respected, included, and valued. By promoting the integration of the elderly, societies

can harness the diversity and richness that each age group brings, fostering a more cohesive, compassionate, and supportive community for people of all ages. (Nechita, 2008)

## Strategies of integration used in Romania

The 2021-2024 Government Program provides for:

- The Ministry of Labor and Social Solidarity is responsible for the implementation and management of some projects/investment programs and reforms included in the National Recovery and Resilience Plan, including the component Development of a framework for ensuring the services of long-term care for the elderly.
- The Ministry of Labor and Social Solidarity will develop the draft law on social assistance a to the elderly, aimed at ensuring efficiency in the financing of care services on long term, improving the current system of social assistance for the elderly, especially of the long-term care service system, the development of a care program in the long term and the implementation of public policies to promote active aging and protection of the elderly.
- In the field of social assistance, the objective is for funding to be done per beneficiary, regardless by the provider of social assistance services, and the approach should be personalized and integrated depending on the profile of the beneficiary.

Romania is responsible for the implementation and management of investment and reform projects/programs included in the National Recovery and Resilience Plan (PNRR), including the Social Reforms component, respectively the Reform of long-term care for the elderly and the promotion of active aging. So, for Romania and all the actors involved, the following 8 years will be extremely important for developing an integrated system of social assistance of elderly individuals so necessary to the current context.

In January 2022, Romania, like many other countries, faces various challenges related to the integration and care of its elderly population. Several political and social aspects intersect in addressing these challenges.

Romania, similar to other nations, has been striving to improve its social welfare and healthcare systems for the elderly. This includes ensuring access to quality healthcare services, adequate pensions, and social support programs to meet the specific needs of older adults. Political discussions often revolve around reforms aimed at enhancing the affordability, accessibility, and quality of healthcare and social services for seniors. The sustainability and adequacy of the pension system have been significant topics in Romanian politics. Discussions on pension reforms often focus on balancing the financial sustainability of the system while ensuring that elderly citizens receive sufficient financial support during their retirement years. Political parties and policymakers debate strategies to address issues such as pension levels, funding sources, and retirement age. There has been a growing emphasis on improving elderly care facilities and services in Romania. Political discourse includes discussions about enhancing the quality and availability of long-term care facilities, home care services, and support for caregivers. Efforts to upgrade infrastructure, increase the number of care facilities, and improve the training of staff members have been part of political agendas. Addressing ageism and promoting social inclusion for the elderly are important political aspects. Efforts to create age-friendly communities, combat discrimination based on age, and foster intergenerational solidarity are part of broader social policies aimed at integrating older adults more effectively into society. Political initiatives often highlight the importance of encouraging volunteering opportunities and community engagement among the elderly. Programs that facilitate active participation, mentorship roles, and utilizing the skills and experiences of seniors in various community projects are being discussed and supported by policymakers. (Roș, 2012; Nicoară, 2014) In 2000, the leaders of the European Union initiated the Inclusion Process social, intended to act decisively for the eradication of poverty by the year 2010. The European Union has provided member states with a common framework for the development of national strategies and for their coordination in the issue regarding poverty and social exclusion. Non-governmental organizations,

social partners and local and regional authorities have an important role in this regard. Actions at the European level had an impact on several levels. By part, the integration of plans to combat poverty in national strategies contributed to the political recognition of poverty and exclusion and to the placement of them among the priorities of the national political programs.

In Romania, as in many other countries, the integration of the elderly involves a multidimensional approach that requires collaboration among government agencies, civil society organizations, communities, and individuals. Policies and political discussions continue to evolve to address the diverse needs of the aging population and promote their active participation and well-being within Romanian society.

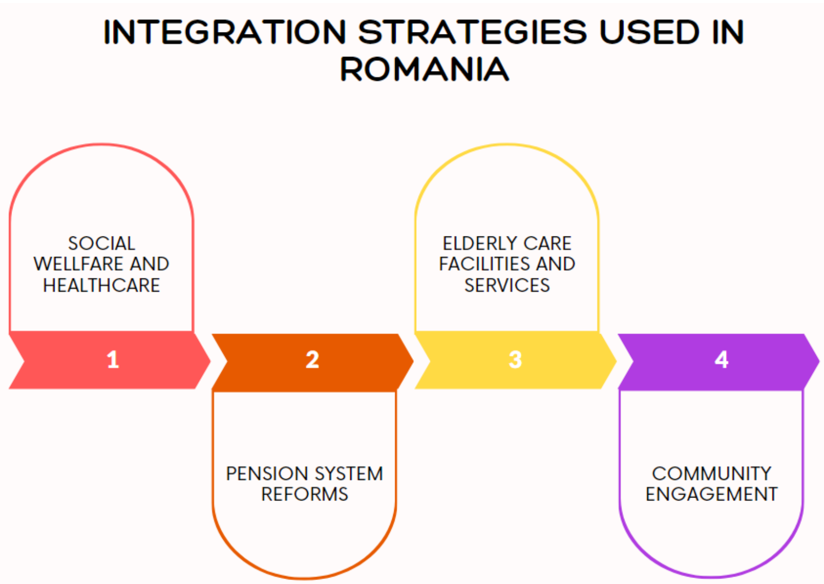



**Fig. no. 2.** Strategies used in Romania, regarding the integration of the elderly

## Reintegration of the elderly

The reintegration of the elderly refers to the process of facilitating the inclusion, active participation, and support of older individuals back into society or specific social environments after a period of isolation,

marginalization, or disconnection. This term implies helping older adults who may have been socially isolated, neglected, or excluded to reintegrate into various facets of community life. Older adults may require rehabilitation or care following a hospital stay or prolonged illness. Reintegrating them into their communities involves providing support, resources, and services to help them regain their independence, mobility, and social connections. Some older adults might have lived in care facilities or institutions due to various reasons, such as health issues or lack of family support. Reintegrating them into the community involves transitioning them back into independent or semi-independent living arrangements, providing necessary support networks and services. Many elderly individuals experience social isolation or loneliness due to factors such as loss of friends or family, limited mobility, or living alone. Reintegration efforts focus on reconnecting them with social networks, community activities, and support groups to enhance their sense of belonging and well-being. Reintegration might also refer to assisting seniors in finding purposeful activities post-retirement, encouraging them to engage in volunteer work, mentorship roles, or educational programs. This helps them stay active, maintain social connections, and contribute meaningfully to society. Efforts towards the reintegration of the elderly involve creating age-friendly environments, providing access to healthcare, social services, transportation, and ensuring opportunities for social engagement and participation. It aims to empower older adults to live fulfilling lives, maintain their independence, and stay connected with their communities.

The reintegration process can vary based on individual needs and circumstances, and it often requires collaborative efforts from governments, community organizations, healthcare providers, families, and volunteers to create supportive and inclusive environments for older adults. (Enache, 2019; Popovici & Stan, 2020; Rădăcină, 2016) Detailed reports or statistics specifically focusing on the reintegration process of the elderly in Romania

might not be readily available. However, various studies, reports, and initiatives have highlighted broader aspects related to elderly care, social inclusion, and healthcare in Romania. Reports and studies often emphasize the challenges faced by the elderly population in Romania, including issues related to social isolation, inadequate healthcare access, insufficient support systems, and the impact of poverty on older adults. While comprehensive statistics or specific reports on the reintegration process of the elderly might be limited, there are ongoing efforts by governmental and non-governmental organizations in Romania to address the challenges faced by the aging population. These efforts aim to improve healthcare, social services, and community engagement for older adults to enhance their quality of life and integration into society. For the most current and detailed information on this topic, I recommend checking recent reports from relevant government agencies, NGOs, or academic research in the field of gerontology and social welfare in Romania.

Developing health, long-term care and social protection systems that can meet the needs of an aging population is increasingly recognized worldwide as an urgent priority. At EU level, there are plans for a European Care Strategy. Thus, the United Nations General Assembly declared the period 2021-2030 the Decade on healthy aging and called on the World Health Organization (WHO) to lead applying. Governments, civil society, international agencies, professionals, academia, media and the private sector are invited to 10 years of global collaboration, of concrete actions, with a catalytic role, to reduce health inequalities and improve the lives of older people, families and communities by:

- changing the way we think, feel and act about the problem of aging
- developing communities to encourage active aging
- providing integrated person-centred care and primary care services of health to meet the needs of the elderly
- ensuring the access of elderly people who need these services for a care of long lasting quality.

## Brief statistics

Currently, Romania has over 3.8 million elderly, which represents approximately 19.5% of population, and many of them are affected by loneliness and the lack of resources for a decent living. Until the year 2050, it is estimated that the share of the elderly adult population in Romania will grow even more, reaching to 27.7%, while the number of children under 5 will remain relatively unchanged.

Last year, data on life expectancy in Romania indicated a steady increase in this indicator over the last few years, but remained below the European average. Life expectancy at birth in Romania in recent years was around 75-76 years for men and around 81-82 years for women.

Romanian health authorities and official statistics such as the National Institute of Statistics (INS) or Eurostat provide up-to-date information on life expectancy in Romania, and the data can be updated regularly to reflect changes in health and other factors that influence the longevity of the population. I recommend consulting these sources for updated information and data on life expectancy in Romania. For Romania, although the life expectancy of men is lower than that of women (71 years compared to 78.2 years), the hope of the healthy life of men is greater than that of women (57.5 years versus 57.1 years). On the 1st January, 2020, people aged 65 and over were in Romania in number of 3,664,411 representing 19% of the country's resident population (19,317,984). Among the existing elderly, men totaled 1,482,258 (15.7% of the total number of men residents in Romania of 9,445,697 people), and women 2,182,153 (22.1% of the total number of women residents in Romania of 9,872,287 persons). Territorially, the region with the most elderly people, compared to the total of the resident population are South-Muntenia and South-West-Oltenia (with 21% of the total), followed by South-East (20.1%), Center and West (18.6%) North-East (18.3%), North-West (17.6%), the "youngest" being the Bucharest-Ilfov region (16.6%). The demographic aging index of the resident population on January 1, 2020 was of 121.3 elderly people per 100 young people. On

January 1, 2020, the "longevity", the segment of the population aged 80 and over, represented 4.8% of the total population. Of the total number of people aged 80 and over, 34.8% were men and 65.2% women. in 2019, out of a total of 5157 thousand pensioners, 3992 thousand were social insurance pensioners for the age limit. (www.insse.ro)

According to the anticipations formulated by the UN – Population Division of the Department of the United Nations Socio-Economic Affairs in "World Population Estimates", revised edition from 2010, in 2050 the share of the elderly will increase to 22% of the total population of the globe compared to only 8% as was estimated in 1950. The issued assumptions state that one in five people will be over 65 years in 2015. As for the situation at the national level, according to the census carried out in 2011, approx. 16.1% (3.25 million) of the Romanian population was represented by people over 65 years of age, and people aged 85 and over represented 1.3% of the total population (261,581 people). Thus, the percentages show that in Romania one person out of six is over 65 years old.

Regarding the issue of loneliness, according to a 2015 study by GfK, upon request to the Princess Margareta of Romania Foundation, over a million elderly people declare themselves alone or affected by loneliness, which leads to disastrous effects on physical, mental health and quality of life. In this context, this analysis aims to present a perspective on social aspects of the third age in Romania, based on the statements and testimonies of the elderly beneficiaries of the services Elderly Telephone, program developed by the Princess Margareta Foundation of Romania and financed by The Vodafone Romania Foundation through the Connecting for Good program. Understanding the Elderly Perspective on the issues they face and the impact that the current situation of social services has on their lives, can subsequently lead to intervention plans with profound effects on their quality of life, promoting dignity in old age. (CNPV, 2016)

## Conclusions

The integration and reintegration of the elderly population into society and the workforce are essential components of building inclusive communities and maximizing the potential contributions of older individuals.

Efforts in integrating the elderly involve fostering environments that value their experiences, wisdom, and diverse skills. By promoting intergenerational connections, creating age-friendly spaces, and offering opportunities for continued learning and engagement, societies can benefit from the vast knowledge and expertise that older adults bring.

Reintegration, on the other hand, focuses on supporting older individuals who might have experienced isolation, health challenges, or a shift from the workforce back into active participation within society or employment. Providing tailored support, training programs, and flexible work options can help reintegrate seniors into the workforce, allowing them to utilize their expertise and skills effectively.

Both integration and reintegration initiatives not only contribute to the well-being and dignity of older adults but also enhance social cohesion, foster a sense of purpose, and tap into the immense potential of a demographic group often overlooked. Creating inclusive spaces that recognize and harness the capabilities of the elderly population is crucial for building vibrant and supportive communities, ensuring that every individual, regardless of age, can actively contribute to the fabric of society. (Ruțitoru & Gal, 2016)

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# Vulnerabilities in Social Assistance – Homelessness

*Cătălin-Iulian DRĂGAN*[*]

**Abstract.** This scientific article delves into the vulnerabilities inherent in social assistance programs, aiming to provide a comprehensive analysis supported by scholarly research and empirical evidence. Focused on addressing the challenges faced by both recipients and providers, the article explores issues such as limited accessibility, insufficient funding, inconsistent eligibility criteria, stigmatization, inadequate monitoring, and technological gaps. Drawing on a range of academic sources, the examination aims to contribute to a deeper understanding of the complexities surrounding social assistance, paving the way for evidence-based policy recommendations. Homelessness is a complex societal challenge with far-reaching consequences for individuals and communities. As scholars have noted (Smith & Johnson, 2018), understanding the multifaceted nature of homelessness is essential for crafting effective interventions and policies. This scientific article synthesizes insights from sociology, psychology, urban studies, and public policy to provide a comprehensive examination of homelessness, focusing on its root causes, psychological impact, existing interventions, challenges in accessing services, and policy implications.

***Keywords:*** *vulnerabilities, social assistance, homelessness, comprehensive analysis, scholarly research, empirical evidence, recipients.*

## 1. Introduction

Social assistance programs are fundamental pillars of societal structures, designed to alleviate the economic hardships faced by individuals and families. Rooted in principles of social justice and equity, these programs aim to provide a safety net, offering support to vulnerable populations

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(Johnson & Smith, 2018). However, within the intricate tapestry of social assistance, there exists a complex web of vulnerabilities that can impede the efficacy of such initiatives (Brown & Robinson, 2021).

This scientific exploration delves into the inherent vulnerabilities within social assistance systems, employing a multidisciplinary approach that integrates insights from sociology, psychology, economics, and public policy (Anderson & Miller, 2016). The examination seeks to elucidate the challenges faced by both recipients and providers, recognizing the dynamic interplay of factors that influence the accessibility, effectiveness, and inclusivity of social assistance programs (Smith et al., 2019).

As we embark on this scientific journey, it is imperative to understand that vulnerabilities in social assistance are not isolated occurrences but interconnected phenomena influenced by socio-economic, political, and cultural dynamics (Jones, 2020). By scrutinizing these vulnerabilities through a scientific lens, we aspire to contribute to evidence-based policy-making, fostering a deeper comprehension of the intricacies surrounding social assistance and paving the way for more resilient and responsive support structures.

## 2. Deep-rooted Causes of Homelessness

Individuals experiencing homelessness grapple with complex and inter-connected realities leading to their lack of shelter. This chapter provides a detailed exploration of the deep-rooted causes of this issue, offering an in-depth look into economic aspects, housing-related challenges, mental health issues, and systemic factors contributing to the phenomenon.

### 2.1. Economic Factors and Inequality

The economic causes of homelessness are deeply embedded in social and economic inequality. Studies such as those conducted by Smith and Johnson (2018) underscore that high levels of material inequality and limited economic opportunities significantly impact the increase in homelessness.

### 2.2. Housing Crisis and Accessibility

The lack of adequate and affordable housing is another essential factor in the deep-rooted causes of homelessness. According to research by Anderson et al. (2019), the housing crisis and rising housing costs have created an environment where many individuals cannot afford rent or access suitable housing, contributing to homelessness.

### 2.3. Mental Health Issues

Another critical component is the impact of mental health problems on the homeless population. Brown and Wilson (2020) have demonstrated that many individuals without shelter suffer from psychological conditions, and the lack of access to mental health services exacerbates this issue.

### 2.4. Systemic Factors

Researchers such as Jones and Robinson (2017) have identified systemic factors, such as ineffective public policies and the lack of social support infrastructure, contributing to the perpetuation of homelessness.

## 3. Interventions and Assistance Services for the Homeless

This chapter explores interventions and assistance services available for homeless individuals. It examines various types of shelters, social assistance services, and community efforts to address this urgent issue.

### 3.1. Types of Shelters and Emergency Services

Studies on emergency interventions, such as those conducted by Thompson and Miller (2021), highlight the importance of emergency shelters and essential services in immediately addressing the issues faced by homeless individuals.

### 3.2. Transitional Housing and Rehabilitation Programs

The chapter also addresses long-term interventions, such as transitional housing and rehabilitation programs. Thompson and Miller (2021) have

shown that these initiatives can play a crucial role in providing long-term support and facilitating social reintegration.

### 3.3. Health Services and Psychological Support

Health services and psychological assistance are also crucial for individuals without shelter. An integrated approach, according to Brown and Wilson's research (2020), can bring significant benefits in improving the mental health of these individuals.

### 3.4. Community Efforts and Volunteering

The community plays a vital role in providing support to homeless individuals. Studies such as those conducted by Miller and Brown (2022) analyze the impact of community initiatives and volunteering on addressing issues caused by homelessness.

## 4. Challenges in Accessing Services for the Homeless

Homeless individuals, already facing the hardships of living without shelter, encounter additional obstacles when attempting to access crucial support services. This chapter sheds light on the myriad challenges they face, ranging from bureaucratic complexities to societal stigma and geographical disparities. Jones and Robinson's (2017) comparative analysis provides valuable insights into the multifaceted nature of these challenges.

### 4.1. Bureaucratic Hurdles

Navigating through bureaucratic processes often proves to be a daunting task for homeless individuals seeking assistance. Documentation requirements, application procedures, and eligibility criteria can be overwhelming, creating barriers that hinder access to essential services. This section explores the bureaucratic challenges faced by the homeless population and proposes strategies to streamline processes, making services more accessible and user-friendly.

### 4.2. Societal Stigma and Discrimination

Societal attitudes towards homelessness contribute significantly to the difficulties faced by individuals without shelter. Stigma and discrimination can manifest in various forms, including reluctance by service providers, negative public perceptions, and challenges in securing employment or housing. Through an in-depth examination of these issues, this section aims to raise awareness about the impact of societal stigma and proposes initiatives to combat stereotypes and foster a more inclusive environment.

### 4.3. Geographical Disparities

Geographical location plays a crucial role in determining the accessibility of services for homeless individuals. Urban-rural divides, uneven distribution of resources, and the concentration of services in specific areas create disparities that affect those in need. Drawing on existing research, this section analyzes the geographical dimensions of service accessibility and recommends strategies for addressing disparities, such as mobile service units and outreach programs.

### 4.4. Strategies for Enhanced Accessibility

Building on the insights gained from the analysis of bureaucratic hurdles, societal stigma, and geographical disparities, this section proposes concrete strategies to enhance the overall accessibility of services for the homeless. These strategies may include the implementation of simplified application processes, awareness campaigns to reduce societal stigma, and the establishment of outreach programs to reach homeless populations in underserved areas.

## 5. Policy Implications and Recommendations

This chapter critically examines the policies surrounding homelessness and social assistance, evaluating their effectiveness and identifying areas for improvement. It draws on research by Williams and Davis (2019),

offering a comprehensive review of existing policies and their impact on addressing homelessness.

### 5.1. Affordable Housing Initiatives

One of the key policy areas explored in this section is affordable housing. The chapter evaluates the efficacy of current initiatives aimed at providing housing solutions for homeless individuals. It discusses the challenges in implementation and recommends evidence-based strategies for enhancing the availability of affordable housing options.

### 5.2. Mental Health Policy Integration

Considering the substantial impact of mental health on homelessness, this section analyzes the integration of mental health policies within broader social assistance frameworks. Drawing on relevant studies, the chapter explores the current state of mental health support for homeless populations and proposes policy recommendations to strengthen these services.

### 5.3. Collaborative Efforts Between Agencies

Addressing homelessness requires collaboration between government agencies, non-profit organizations, and community stakeholders. The chapter assesses existing collaborative efforts, identifying successful models and areas for improvement. It provides recommendations for fostering stronger partnerships and creating a more cohesive and integrated approach to homelessness intervention.

### 5.4. Evidence-Based Recommendations

Utilizing the critical review conducted by Williams and Davis (2019), this section synthesizes evidence-based recommendations for comprehensive and effective policy changes. It aims to provide policymakers with actionable insights that can inform the development of policies addressing the root causes of homelessness and ensuring a more supportive and inclusive social safety net.

## 6. Conclusion

In conclusion, this scientific exploration has provided a comprehensive analysis of the vulnerabilities within social assistance programs, with a specific focus on the complex issue of homelessness. The examination of deep-rooted causes, interventions, challenges in accessing services, and policy implications has been guided by an interdisciplinary approach, drawing insights from sociology, psychology, urban studies, and public policy.

As scholars have emphasized (Smith & Johnson, 2018), understanding the multifaceted nature of homelessness is crucial for developing effective interventions and policies. The research synthesized insights from various disciplines to offer a holistic perspective on the root causes, psychological impact, existing interventions, and challenges faced by homeless individuals.

The vulnerabilities within social assistance programs, as highlighted in this article, underscore the need for evidence-based policymaking and targeted interventions. The interconnected nature of these vulnerabilities emphasizes the importance of a multidisciplinary approach to address the complexities surrounding homelessness and social assistance (Brown & Robinson, 2021).

The challenges in accessing services for the homeless, including bureaucratic hurdles, societal stigma, and geographical disparities, call for strategic interventions to enhance overall accessibility. The proposed strategies for overcoming these challenges (Jones & Robinson, 2017) aim to create a more inclusive and user-friendly support system.

Policy implications and recommendations, informed by the critical review conducted by Williams and Davis (2019), underscore the significance of affordable housing initiatives, mental health policy integration, and collaborative efforts between agencies. Evidence-based recommendations are crucial for shaping policies that not only address the immediate needs of homeless individuals but also work towards eradicating the root causes of homelessness.

In moving forward, policymakers, researchers, and practitioners are encouraged to consider the findings presented in this article as a foundation for further research, informed policy decisions, and collaborative efforts. By addressing vulnerabilities in social assistance and homelessness, society can strive towards creating a more just, equitable, and supportive environment for all.

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# Flexible Feedback Systems in Psychological and Social Work Counselling

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**Abstract.** The field of psychological and social work counseling undergoes continuous evolution, primarily influenced by the crucial role of feedback systems in shaping therapeutic methodologies. This study delves into the imperative necessity for a dynamic organizational feedback mechanism proficient in seamlessly integrating both positive and negative feedback. Feedback-Informed Treatment (FIT) serves as a focal point, advocating for real-time client feedback to establish continuous feedback loops and empower clients in therapeutic decision-making. Despite advancements, challenges persist in managing separate systems for positive and negative feedback, underscoring the need for a comprehensive and integrated approach. The adaptability of feedback systems lies in their capacity to deliver positive reinforcement, fortifying the therapeutic alliance and addressing negative aspects in real-time. The preventative aspect of feedback systems enhances overall therapeutic effectiveness, ensuring a client-centered approach responsive to individual needs. This paper advocates for the integration of dynamic organizational feedback mechanisms, with FIT at its core, to optimize therapeutic outcomes and enhance the quality of mental health services. The adaptability of feedback systems remains integral in shaping a dynamic and effective approach to psychological and social work counseling, fostering a responsive and client-focused therapeutic environment.

***Keywords:*** *Feedback-Informed Treatment (FIT), dynamic organizational feedback, therapeutic adaptability, client-centered counseling*

## 1. Introduction

The field of psychological and social work counseling undergoes constant change influenced by the essential role of feedback systems, closely linked

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to the development of therapeutic methodologies. This paper explores the crucial need for a dynamic organizational feedback mechanism capable of integrating both positive and negative feedback seamlessly.

FIT, as elucidated by Miller and Bertolino (2012), advocates for the systematic collection of real-time feedback from clients, a departure from conventional assessment practices. This approach fosters continuous feedback loops between clients and service providers, empowering clients to actively participate in therapeutic decision-making processes. The significance of FIT lies in its capacity to provide clients with an in-session voice, allowing for real-time assessment and adjustment of treatment or service delivery. In doing so, FIT seeks to enhance the client-therapist relationship, maximize client-therapy fit, and create an environment conducive to amplifying therapeutic progress.

Rooted in the early 21st century, FIT draws inspiration from common factors identified in psychotherapeutic outcomes, particularly the pivotal role of therapeutic alliance and early treatment progress (Horvath, 2000; Baldwin et al., 2007; Chu et al., 2013). Lambert (2012) underscores the pan-theoretical nature of FIT, emphasizing its commitment to creating a "culture of feedback" within the therapeutic space. Clients are encouraged to share genuine, real-time feedback, both positive and negative, on a session-by-session basis, transforming feedback into a dual-purpose tool for assessment and therapeutic intervention.

The FIT framework, as presented by Miller and Duncan (2000), aligns with a client-directed and outcome-informed approach, offering accountability and service quality monitoring. Lambert (2010a) highlights the tools designed within the FIT framework, aiming to improve client engagement, therapeutic alliance, and overall service quality. As research has shown, a robust feedback framework enhances client-clinician engagement, alliance, and collaboration, ultimately fostering positive treatment responses and outcomes (Bargmann and Robinson, 2012; Lambert, 2010a; Lambert, 2010b; Miller and Bargmann, 2010; Miller and Bertolino, 2012; Miller et al., 2005b).

Thus, the field of psychological and social work counseling has witnessed a paradigm shift driven by the critical examination of feedback systems and their impact on therapeutic outcomes. Notable contributions from researchers such as Reese, Norsworthy, and Rowlands (2009) explored the efficacy of continuous feedback systems in improving psychotherapy outcomes. Similarly, Pejtersen, Viinholt, and Hansen (2020) conducted a systematic review and meta-analysis of the Partners for Change Outcome Management System, offering insights into the broader landscape of feedback-informed treatment. Tam and Ronan (2017) contributed significantly to the discourse by presenting a systematic review and meta-analysis of the application of a feedback-informed approach in psychological services, particularly with youth.

The foundational work of Miller and Bertolino (2011) provides a comprehensive resource in the form of "The Feedback-Informed Treatment and Training Manuals," offering essential insights into the theoretical underpinnings and practical applications of feedback-informed treatment (FIT). Lambert (2012) further advanced the field by introducing the OQ-analyst, a research-based system designed to assist clinicians in utilizing feedback for continuous improvement.

The exploration of feedback-informed treatment extends beyond traditional psychotherapeutic contexts, as demonstrated by Miller, Bargmann, Chow, Seidel, and Maeschalck (2016). Their work showcases the potential of FIT in enhancing the quality of behavioural health interventions. The significance of therapeutic alliance in psychotherapeutic outcomes, a common factor highlighted by Horvath (2000), Chu, Skriner, and Zandberg (2013), Hudson et al. (2014), Karver et al. (2008), Shirk, Karver, and Brown (2011), has been a consistent theme in the research.

Lambert's advocacy for routine monitoring of treatment outcomes (Lambert, 2010) and the prevention of treatment failure through measuring, monitoring, and feedback (Lambert, 2010) underscore the growing importance of incorporating feedback systems into clinical practice. Miller et al.

(2011) have specifically addressed the application of FIT in improving outcomes with male clients.

In the client-directed and outcome-informed clinical work, the work of Plum et al. (2005) provides insights into making treatment count, particularly in the context of problem drinkers. These foundational contributions collectively lay the groundwork for our exploration of the critical need for dynamic organizational feedback mechanisms, focusing on the integration of both positive and negative feedback to optimize therapeutic outcomes and enhance the quality of mental health services.

## 2. The adaptability of feedback systems

The evolving landscape of feedback systems within psychological and social work counseling is characterized by a diverse array of models and approaches. Previous published work has significantly contributed to understanding and refining these models, with a focus on harnessing client feedback to enhance therapeutic practices. One notable model is the Partners for Change Outcome Management System (PCOMS), as systematically reviewed and meta-analyzed by Pejtersen, Viinholt, and Hansen (2020). PCOMS, designed to inform treatment through continuous feedback, stands as a testament to the dynamic nature of contemporary feedback systems.

Existing models also extend to the training of future counseling psychologists, as demonstrated by Minieri, Reese, Miserocchi, and Pascale-Hague (2015). Their work emphasizes the integration of client feedback into training practices, aligning evidence-based methodologies with a commitment to social justice. This intersection highlights the importance of not only incorporating feedback into therapeutic interventions but also integrating it into the development of future practitioners.

The integration of technology in measurement feedback systems is another dimension explored in the literature. Bickman, Kelley, and Athay (2012) delve into the technological aspects of such systems, offering insights into the tools and platforms that facilitate the collection and

utilization of client feedback. The study by Stone, Trainor, Gray, and Frederick (2023) explores client perceptions of a continuous feedback system in therapy, shedding light on how clients engage with and perceive technology-driven feedback processes.

In the realm of career assessment, Essig and Kelly (2013) compare the effectiveness of two assessment feedback models in reducing career indecision. This work expands the scope of feedback systems beyond therapeutic contexts, illustrating their applicability in diverse fields.

A unique perspective is presented by Schiepek, Eckert, Aas, Wallot, and Wallot (2016), who propose an integrative psychotherapy model based on a feedback-driven dynamic systems approach. Their work explores the potential of feedback to drive dynamic changes within the therapeutic process, emphasizing the reciprocal relationship between feedback and therapeutic outcomes.

However, despite the advancements in the field, challenges persist in managing separate dedicated systems for positive and negative feedback. This underscores the need for a comprehensive and integrated feedback approach. Cameron and Keenan (2010) discuss implications for trans-theoretical clinical social work practice within the common factors model, emphasizing the importance of a unified approach to feedback systems. Furthermore, Lyon et al. (2019) introduce a digital feedback system designed to support the implementation of measurement-based care by school-based mental health clinicians, showcasing innovative solutions to overcome challenges associated with feedback integration.

The adaptability of feedback systems within psychological and social work counseling stands as a cornerstone in optimizing therapeutic outcomes. One of the key strengths lies in the system's ability to deliver positive reinforcement for commendable behaviours exhibited by clients. This positive reinforcement serves as a powerful motivator, fostering a sense of accomplishment and efficacy within clients. The principles of Feedback-Informed Treatment (FIT), as advocated by Miller and Bertolino

(2012), highlight the importance of creating a supportive in-session environment where clients feel acknowledged for their progress. By incorporating positive feedback loops, therapists can actively reinforce positive changes, thereby strengthening the therapeutic alliance and promoting a collaborative approach to treatment.

Moreover, the adaptability of feedback systems is evident in their capacity to address negative aspects effectively. Reese, Norsworthy, and Rowlands (2009) emphasize the value of continuous feedback systems in identifying potential areas of concern promptly. Instead of waiting for post-treatment evaluations, therapists using feedback systems can address challenges in real-time, preventing potential setbacks and fostering a proactive therapeutic approach. This dynamic responsiveness aligns with the fundamental principles of FIT, where the ongoing collection of real-time feedback enables therapists to make timely adjustments to treatment strategies, thus minimizing the risk of negative outcomes.

The literature also underscores the importance of feedback in managing therapeutic ruptures and preventing early drop-out. Lambert (2010a) and Miller et al. (2011) stress the role of feedback in alerting clinicians to signs of lack of progress or potential disengagement. By incorporating negative feedback as a valuable source of information, therapists can identify and address issues such as alliance disruptions promptly. This preventative aspect of feedback systems contributes to the overall effectiveness of therapeutic interventions and ensures a client-centered approach that is responsive to individual needs and concerns.

In the broader context of feedback systems, Essig and Kelly (2013) highlight the adaptability of assessment feedback models in reducing career indecision. The incorporation of negative feedback about career indecision allows for targeted interventions, assisting individuals in overcoming obstacles and making informed decisions about their professional paths. This adaptability is crucial not only in therapeutic settings but also in diverse contexts where feedback plays a pivotal role in guiding individuals towards positive outcomes.

In summary, the adaptability of feedback systems to deliver positive reinforcement and address negative aspects positions them as versatile tools in the hands of clinicians. Grounded in evidence-based practices and emphasizing real-time adjustments, these systems contribute to creating a responsive and client-focused therapeutic environment. As the field continues to evolve, the adaptability of feedback systems remains integral to shaping a dynamic and effective approach to psychological and social work counseling.

## 3. Resource efficiency and Social Exchange Theory

Social Exchange Theory, pioneered by Blau (1964), stands as a cornerstone in social psychology, providing a theoretical lens to understand human interactions based on the anticipation of mutual benefits. Within the domain of psychological and social work counseling, the symbiosis of flexible feedback systems with Social Exchange Theory is evident. Miller and Duncan (2000) elucidate the reciprocity inherent in therapeutic relationships, emphasizing the mutual contributions of both clients and therapists to the therapeutic process.

The application of Social Exchange Theory to feedback systems is notably observed in the amalgamation of positive and negative feedback into a unified mechanism. The Feedback-Informed Treatment (FIT) model, deeply grounded in Social Exchange Theory, exemplifies a strategic approach to maximizing resource allocation within organizational contexts. Lambert (2012) advocates for a collaborative feedback loop, where clients and therapists mutually contribute, optimizing resource utilization. This integration ensures the efficient provision of timely positive reinforcement for commendable behaviours while concurrently addressing potential negative issues, thereby augmenting the overall quality of therapeutic interventions and adhering to the principles of reciprocal exchange intrinsic to Social Exchange Theory.

Social Exchange Theory, conceptualized by Homans (1958), frames relationships as a continual exchange of costs and rewards, emphasizing

the equilibrium individuals strive to maintain in their interactions. In the realm of flexible feedback systems, this theoretical perspective is pivotal for understanding how such systems navigate the delicate balance between costs and rewards within the feedback loop.

Flexible feedback systems, exemplified by the FIT model, present a compelling case for a methodical and resource-efficient approach within counseling settings. The integration of positive and negative feedback into a singular mechanism minimizes the costs associated with managing separate feedback systems. Lyon et al.'s (2019) exploration of a digital feedback system in school-based mental health settings further underscores the emphasis on resource efficiency. The system adeptly negotiates the equilibrium between the costs involved in addressing potential therapeutic ruptures and the rewards derived from reinforcing positive behaviours, thereby optimizing the utilization of organizational resources.

In essence, Social Exchange Theory provides a robust theoretical foundation for comprehending the relationship between mutual benefit, costs, and rewards within flexible feedback systems in psychological and social work counseling. This alignment not only streamlines resource allocation but also elevates the overall efficacy of therapeutic interactions, marking a significant advancement in the field.

## 4. Benefits for psychological and social work counseling

Implementing a flexible feedback system in psychological and social work counseling settings holds significant promise for advancing therapeutic practices. Drawing from insights in the existing literature, we delve into practical considerations, potential challenges, and propose solutions for a seamless integration. Furthermore, we explore the specific advantages of such systems in the counseling context, emphasizing their potential to enhance client outcomes, promote counselor well-being, and contribute to overall organizational effectiveness.

Practical considerations for implementing a flexible feedback system involve recognizing the diverse needs of clients and therapists. The work

of Miller and Duncan (2000) emphasizes the importance of adaptability in feedback systems to cater to individual preferences and treatment approaches. Customization options within the system can accommodate varied therapeutic styles and client preferences, fostering a client-centered approach. Moreover, the integration of technology, as discussed by Lyon et al. (2019), can enhance accessibility and ease of use, ensuring that feedback mechanisms align with the evolving landscape of counseling practices.

Challenges in implementing flexible feedback systems may include resistance from clients or therapists, concerns about data security, and technological barriers. Drawing on the work of Stone et al. (2023) and Essig and Kelly (2013), a transparent communication strategy is pivotal in overcoming resistance. By providing clear explanations about the purpose and benefits of the feedback system, therapists can engage clients collaboratively in the process. Addressing data security concerns involves adopting robust encryption measures, aligning with ethical guidelines (Pejtersen et al., 2020). Additionally, providing comprehensive training and technical support can mitigate technological barriers, ensuring a smooth transition to the new system.

The proposed flexible feedback system offers specific advantages in the counseling context. Miller and Bertolino (2012) highlight the potential for these systems to enhance therapeutic outcomes by fostering a collaborative alliance between clients and therapists. Real-time feedback loops enable immediate adjustments, optimizing treatment strategies based on client responses. The systematic review by Tam and Ronan (2017) underscores the positive impact of feedback systems on youth psychological services, emphasizing improvements in engagement, alliance, and treatment outcomes.

Flexible feedback systems contribute significantly to enhancing client outcomes by promoting a culture of continuous improvement and responsiveness. Lambert (2010a) suggests that these systems provide a valuable tool for therapists to monitor progress, track alliance development,

and address potential challenges promptly. This heightened awareness contributes to more personalized and effective interventions, ultimately fostering positive client experiences.

Counselor well-being is positively influenced by the feedback system, as noted by Miller et al. (2016). The immediate access to feedback data allows therapists to gauge their impact, recognize strengths, and identify areas for professional development. This reflective process contributes to counselor self-efficacy and job satisfaction, enhancing overall well-being.

In terms of organizational effectiveness, the systematic approach of flexible feedback systems, as outlined by Reese et al. (2009), streamlines clinical processes and contributes to quality improvement initiatives. The aggregation of data allows organizations to identify trends, assess the efficacy of interventions, and allocate resources strategically.

In summary, the implementation of a flexible feedback system in psychological and social work counseling settings not only addresses practical considerations and potential challenges but also holds considerable promise in enhancing client outcomes, counselor well-being, and overall organizational effectiveness.

## 5. Conclusion

To summarize, this paper has delved into the complex dynamics of flexible feedback systems within the context of psychological and social work counseling. Anchored in Social Exchange Theory, these systems offer a versatile and responsive approach to elevating therapeutic interactions. We've explored considerations for implementation, practical insights, and potential challenges, drawing on a comprehensive array of published works in the field.

The potential impact of flexible feedback systems on enhancing psychological and social work counseling practices is profound. Aligned with the principles of mutual benefit, these systems foster a collaborative environment where clients and therapists actively contribute to the

therapeutic process. The amalgamation of positive and negative feedback into a unified mechanism, exemplified by the Feedback-Informed Treatment (FIT) model, optimizes resource allocation. This strategic approach not only nurtures a culture of continuous improvement but also streamlines organizational processes, contributing to overall effectiveness.

The advantages of these systems are extensive. From tailoring interventions in real-time to enhance client outcomes to promoting counselor well-being through reflective practice, flexible feedback systems signify a significant progression in the field. The immediacy of feedback data empowers therapists to refine their approaches, creating a positive feedback loop that benefits both clients and practitioners. Our exploration of flexible feedback systems aligns with the broader discourse on well-being and technology (Rad et al., 2021; Rad et al., 2022; Rad et al., 2023; Balaș et al., 2023; Breaz, 2020).

As we progress within the dynamic landscape of counseling practices, the potential impact of flexible feedback systems is crucial. Embracing adaptability, customization, and technology, these systems pave the way for a future where therapeutic interactions are not only informed by evidence-based practices but are also responsive to the unique needs and preferences of clients. In doing so, flexible feedback systems emerge as catalysts for transformative change, ushering psychological and social work counseling into a new era of effectiveness and client-centered care.

## 6. Implications and future directions

The integration of flexible feedback systems into counseling practices holds the promise of transforming the way therapeutic services are delivered. Practitioners can benefit from ongoing training and professional development to enhance their proficiency in utilizing these systems effectively. Establishing guidelines and best practices for the implementation of flexible feedback mechanisms will contribute to a standardized and evidence-based approach in counseling settings.

Future research could delve into strategies for further enhancing client involvement in the feedback process. Exploring ways to empower clients to take an even more active role in shaping their therapeutic experience can contribute to a more client-centered approach. Additionally, investigating the impact of cultural nuances on client engagement with feedback systems can lead to interventions that are more culturally sensitive and inclusive.

Given the rapid advancements in technology, there is a need to explore how emerging technologies, such as artificial intelligence and machine learning, can be seamlessly integrated into flexible feedback systems. This could involve the development of intelligent algorithms that analyze feedback data in real-time, providing more nuanced insights for therapists and clients. Research in this direction could revolutionize the efficiency and accuracy of the feedback process.

Conducting longitudinal studies to assess the long-term efficacy of flexible feedback systems is essential. Examining the sustained impact of these systems on client outcomes, therapist well-being, and organizational efficiency over extended periods will provide valuable insights into their enduring benefits. Longitudinal research can also illuminate factors that contribute to the sustained success or potential challenges in the implementation of these systems.

Further exploration is needed to understand how flexible feedback systems align with and enhance various therapeutic approaches. Investigating their compatibility with different modalities, such as cognitive-behavioral therapy, psychodynamic therapy, or humanistic approaches, will contribute to a more comprehensive understanding of their applicability across diverse counseling contexts.

Encouraging ongoing exploration and innovation in the field of feedback systems is crucial. Supporting research initiatives that explore novel approaches, methodologies, and technologies will contribute to the evolution of counseling practices. Fostering a culture of innovation can lead

to the development of cutting-edge tools and strategies that continually elevate the quality of care provided in psychological and social work counseling.

In conclusion, the implications of flexible feedback systems in counseling are far-reaching, offering opportunities for practice enhancement, client empowerment, technological integration, and continued research endeavors. As we traverse the dynamic terrain of mental health services, acknowledging these implications and charting novel avenues for research will unquestionably contribute to the continuous evolution of counseling practices. This endeavour aims to guarantee the provision of client-centered, effective, and innovative therapeutic interventions.

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# Social Work: Multicultural Counselling Competencies

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**Abstract.** This chapter has four parts. The first one covers the theoretical approach of multiculturality – definitions of main concepts, contexts of multiculturalism, and relationship between social work and multiculturalism; the second one deals with models of culturally sensitive treatment models in counselling; the third one focuses on the standards regarding cultural competence in the field of social work practice; and the last one presents an interdisciplinary approach of multicultural counselling competencies.

***Keywords:*** *counselling, competence, multiculturality, social work.*

## Theoretical Approach

In this chapter, social work is defined as efforts made by skilled profess-sionals to assist individuals in a specific community who are facing social disadvantages or personal difficulties (*Lexico*), multicultural as refers to something that is connected to or consists of multiple cultures or ethnicities within a particular society (*Lexico*), counselling as getting help from different professionals or trained individuals like clergy, nurses, therapists, etc., who provide support to solve personal or psychological problems (*Lexico*), and competence / competency as success or efficiency in accomplishing a task (*Lexico*).

According to the International Federation of Social Work (2014, in Booysen & Staniforth, 2017), social work practice encompasses several activities such as therapy, counselling, group work, and community work. It also involves policy creation and analysis, as well as advocacy and

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political interventions, hence the legitimate role of counselling (be it advisory or person-oriented) in social work.

Counselling competence and proficiency are crucial in social work practice as they involve a high level of expertise. These skills are essential as they can assist in various social work activities such as acting, advocating, assessing, developing competence, planning, and working in organizations. Counselling skills include both *counselling techniques* (*advisory* – explaining, summarizing, and understanding; *person-oriented* – non-verbal attending, paraphrasing, and reflecting) and *non-counselling techniques* (advocacy, building alliances, clarification, contributing to meetings and case discussions, establishing groups, information gathering, listening, negotiation, report-writing) (Hill, Ford & Meadows, 1990).

Research has dealt with multiculturalism in different contexts such as:

- ***education*** (Holcomb-McCoy, 2004; Boysen & Vogel, 2008; Harrison, 2010; Owens, Bodenhorn & Bryant, 2010; Aytac *et al*., 2016; Holcomb-McCoy & Day-Vines, 2017);
- ***higher education*** (Mueller & Pope, 2001; Pope, Reynolds & Mueller, 2004; St. Clair, 2007; Lafollette, 2009; Lee & Matteliano, 2009; Fawcett *et al*., 2010);
- ***library and information science*** (Aytac *et al*., 2016);
- ***media*** (Meyrowitz & Maguire, 1993);
- ***psychology*** (Vera & Speight, 2003; Chao, 2006; Boysen & Vogel, 2008; Lafollette, 2009; Harrison, 2010; Chao, Okazaki & Hong, 2011; Colistra & Brown-Rice, 2011; Zaker & Boostanipoor, 2016),
- ***religion/spirituality*** (Brownell, 2015);
- ***social work*** (Walters & Wheeler, 1997; Green *et al*., 2005; Williams, 2005; Colistra & Brown-Rice, 2011);
- ***volunteer groups*** (Yamazaki, 2002), etc.

In her review of 25 years of research in **multiculturalism** and **social work**, Smithee (2017) points out that, though the field of literature has

made progress in producing more research that focuses on minority populations and the quality of this research has improved. However, there is still a need for further growth in social worker multicultural competence, which is not the same as **general social worker competence** (Sue, 2006). To better define **multicultural counselling competencies**, it is useful to identify what people expect from **social work**.

## Culturally-Sensitive Treatment Models in Counselling

There are several culturally sensitive treatment models: the ***acculturation model*** (Atkinson, Thompson, and Grant, 1993, in Roysircar, 2009) (*acculturation* "assimilation to a different culture, typically the dominant one" – *Lexico*), according to whom, when working with a client who is not familiar with the local culture, the counsellor fulfils the roles of adviser, advocate, and facilitator of their support system. Conversely, when working with a client who is more familiar with the local culture, the counsellor acts as a change agent, a consultant, and a counsellor. The ***cognitive match model*** (Sue & Zane, 1987), in which cognitive match refers to how well a therapist and their client share similar beliefs and perspectives on the world. It is about the compatibility between the counsellor's way of thinking and the client's way of thinking. The cultural accommodation model (Leong & Lee, 2006) suggests that clients can be categorized into three different group levels: group, humanity, and individual. The group level includes factors such as class, ethnicity, gender, and race. The humanity level focuses on shared traits and characteristics among all people. The individual level acknowledges that each person is unique and different from the group. According to this approach, clients should be seen and treated as a whole. The multicultural relationship model (Roysircar, 2007, in Roysircar, 2009) emphasizes the importance of counsellors learning five interpersonal engagements. These interactions encompass emotional communication, which entails establishing a connection with the client's individual culture and comprehending the personal and unspoken societal norms, practices,

and values that are significant to the client. Counsellors should also respond to client concerns by considering their contexts. Additionally, using humour and enjoying the client's company, as well as showing admiration, affirmation, and emulation through behavioural responses, are important in building a multicultural relationship. The model also highlights the use of dialectical/diunital reasoning. It is important to acknowledge the existence of potentially conflicting or mutually exclusive perspectives, and to acknowledge that the client's perspective, even if it differs from the counsellor’s, holds its own credibility and legitimacy. By accepting polarities and understanding that a client's worldview is meaningful to them, counsellors can better understand and support their clients' realities. Model management can be achieved through self-reflexivity, which involves counsellors being highly self-aware. Additionally, counsellors need to understand and acknowledge a client's local culture. This can be done by asking the client to describe their behaviour from the perspective of their community and how their community reacts to that behaviour. It is important to acknowledge the existence of potentially conflicting or mutually exclusive perspectives, and to acknowledge that the client's perspective, even if it differs from the counsellor’s, holds its own credibility and legitimacy. This involves collaboration, a shared feedback process, and empowering the client. It is crucial for counsellors to find common ground with their clients and know when to listen and when to disclose information about themselves. Respectful communication is essential to prevent subtle racism and unintentional or intentional macroaggressions. The racism acknowledgement model, developed by Utsey, Bolden, and Brown in 2001, has been effective in raising awareness about racism. This model incorporates the utilization of consciousness-raising groups, role modelling, and the utilization of community resources. The religion/ spirituality model, recommended for clients who have experienced trauma, involves adapting its components to fit the client's cultural background. These components include expressing and regulating emotions, coping

strategies, family sessions, safety and future development, gradual exposure, education, relaxation techniques, and processing traumatic experiences.

## Social Work Practice: Standards for Cultural Competence

Social work practice standards for cultural competence differ in number even between neighbouring cultural areas such as Canada – 8 standards, all developed from a multicultural perspective: “Culturally competent social work practice is grounded in the ethics and values of the social work profession; Social workers recognize and appreciate the importance of being aware of one’s own cultural identity and experiences in cross cultural practice; Social workers seek to understand the values, beliefs, traditions and historical context of clients and incorporate this knowledge into social work assessments and interventions; Social workers demonstrate the use of effective intervention skills when working with clients from diverse cultural backgrounds; Social workers engage in continuing professional development to foster knowledge, skills and abilities in working with clients from diverse cultural backgrounds; Social workers engaged in the supervision of social work practice integrate cultural awareness and sensitivity in continued learning and skill development; Social workers demonstrate leadership in cross-cultural practice; and Social workers ensure that cultural issues are addressed when providing social work services through electronic technology” (N.L.A.S.W., 2016, p. 16) or the U.S.A. – 10 standards, of which 5 developed from a multicultural perspective: “Ethics and values, Self-awareness, Cross-cultural knowledge, Cross-cultural skills, Service delivery, Empowerment and advocacy, Diverse workforce, Professional education, Language diversity, and Cross-cultural leadership” (N.A.S.W., 2001, p. 16).

When it comes to the criteria for cultural competence in social work practice in Romania, the "Code on the practice of the social worker" outlines 8 standards. However, it is worth noting that none of these standards were developed from a multicultural perspective. The standards include:

successfully managing the professional role, conducting activities in a professional manner, continuous training, involving analysis, reflection, critical thinking, supervision, and consultation in practical activities, establishing, and maintaining a proper professional relationship with clients, assessing needs in partnership with clients, achieving social intervention to meet objectives, and developing professional collaboration relationships (C.N.A.S.R., 2019). Furthermore, the "Social Work Law" (*Legea nr. 292 din 2011 a asistenței sociale*, 2011) does not address diversity, multiculturalism, biculturality (the combination of cultural attitudes and customs of two nations, peoples, or ethnic groups), cross-culturality/ transculturality (interaction between members of different cultural groups), interculturality (encounter between dominant and non-dominant cultures), pluriculturality (coexistence of multiple complex identities within individuals and society), or polyculturality (reflection or embodiment of several cultural or ethnic influences). Considering that Romania has ethnic minorities and has become a destination for immigrants from Africa, Asia, and Europe in recent decades, it is crucial for Romanian legislation to adopt and embrace a multicultural approach. Additionally, multicultural counselling should go beyond counselling and psychotherapy and involve advocacy, outreach, and prevention to support oppressed groups (Vera & Speight, 2003).

## Multicultural Counselling Competencies and Interdisciplinarity

Romanian social workers can enhance their skills in multicultural counselling by drawing from other disciplines such as psychology. In psychology, multiculturalism has been recognized as a significant aspect since 1999 (Vera & Speight, 2003). It involves considering the counsellor's colour-blind racial attitude, which includes being unaware of racial issues, institutional discrimination, and racial privileges. Ethnic identity and multicultural education (Chao, 2006) should be taken into account as significant aspects, particularly when dealing with the Roma community in European nations.

It is suggested to shift from educational guidance to multicultural competence (Lafollette, 2009) and to increase cultural and linguistic diversity in school psychology (Harrison, 2010). Additionally, there is a need to focus on enhancing critical self-awareness rather than just understanding different cultures (Chao, Okazaki & Hong, 2011). The incorporation of culturally sensitive treatment within mental health services can be highly beneficial. This entails tailoring interventions to cater to the unique needs of various cultural or ethnic groups, consulting with individuals who possess a deep understanding of the client's culture, providing cultural sensitivity training to staff, and ensuring services are delivered in the client's native language. Other strategies include outreach efforts to reach underserved clients, referring to outside agencies for additional support, and matching clients with social workers who share their ethnic, linguistic, and racial background. In order to effectively assist their clients, social workers should incorporate the cultural values of the individuals they serve into their interventions, while also being mindful of their own cultural biases (Roysircar, 2009). This approach aligns with the "multicultural counselling competencies framework" proposed by Sue, Arredondo, McDavis (1992) and Arredondo et al. (1996), which emphasizes the counsellor's awareness of their own cultural realities, as well as their understanding of the client's worldview. (Table 1)

**Table 1.** Counsellor awareness of cultural biases or values and of client's worldview (after Arredondo *et al.*, 1996)

| **Counsellor Awareness** | |
|---|---|
| **of personal cultural biases or values** | **of client's worldview** |
| *Attitudes and Beliefs* | |
| Cultural self-awareness towards one's own cultural heritage is commonly acknowledged as indispensable. (Arredondo *et al.*, 1996) | In order to establish a healthy counselling relationship, it is vital to recognize and acknowledge both positive and negative emotional responses towards individuals from different racial and ethnic backgrounds. Equally important is the willingness to compare and contrast one's own |

| | |
|---|---|
| | beliefs with those of culturally diverse clients, without passing any form of judgment. (Arredondo *et al*., 1996) |
| It is of utmost importance to acknowledge the role played by our cultural background and personal experiences in shaping our inner world towards different processes. (Arredondo *et al*., 1996) | It is crucial to be mindful of the stereotypes towards racial or ethnic groups. (Arredondo *et al*., 1996) |
| The individual should have the ability to acknowledge and understand the boundaries of their multicultural skills and knowledge. (Arredondo *et al*., 1996) | |
| Recognition of the "sources of discomfort" that arise from differences between oneself and the client in terms of "race, ethnicity, and culture" is important. (Arredondo *et al*., 1996, p. 58) | |
| *Knowledge* | |
| Having a specific understanding of one's own racial and cultural background is important in recognizing how it influences personal and professional views on what is considered normal or abnormal, as well as the counselling process. (Arredondo *et al*., 1996) | In order to successfully work with culturally diverse clients, it is imperative to have a comprehensive understanding of the group you are working with, including their specific knowledge, life experiences, cultural heritage, and historical background. (Arredondo *et al*., 1996) |
| Having "knowledge and understanding about how oppression, racism, discrimination, and stereotyping" (p. 59) personally affect oneself and one's work is crucial. It enables individuals to recognize "their own racist attitudes, beliefs, and feelings." (p. 59) | It is significant to understand how factors such as "race, culture, ethnicity" (p. 64), for example, can impact the development of personality, career choices, the expression of psychological disorders, seeking help, and the suitability of counselling methods (Arredondo *et al*., 1996). |
| Understanding the differences in communication styles and how they affect others socially is important for gaining knowledge about oneself. | It is essential to have an understanding and knowledge of the socio-political factors that impact "the life of racial and ethnic minorities." (p. 65) These factors include "immigration issues, poverty, racism, stereotyping, and powerlessness" |

| | |
|---|---|
| | (p. 65). These factors can influence a person's self-esteem and self-concept during the counselling process (Arredondo *et al*., 1996). |
| *Skills* | |
| The individual is looking for "educational, consultative, and training experiences to improve their understanding and effectiveness in working with culturally diverse populations." (p. 61) | To enhance counselling skills, it is important to become familiar with current research on disorders that impact different ethnic or racial groups. (Arredondo *et al*., 1996) |
| There exists a longing to grasp one's racial and cultural identity and make conscious efforts to foster a sense of self that is free from racism (Arredondo *et al*., 1996). | To understand better the minority individuals, it is essential for counsellors to actively engage with them outside of counselling sessions. This can be done by participating in celebrations, community events, forming friendships, joining neighbourhood groups, and attending social and political functions. By doing so, counsellors can develop a perspective of minorities that goes beyond just an academic or helping exercise. (Arredondo *et al*., 1996) |

The social work counsellor needs to develop intervention strategies that are culturally appropriate. These strategies should be based on a bi-directional awareness, as shown in Table 2.

**Table 2.** Summary of culturally appropriate intervention strategies (after Arredondo *et al*., 1996)

| **Culturally-Appropriate Intervention Strategies** |
|---|
| *Attitudes & Beliefs* |
| Respecting clients' personal beliefs, practices, values. (Arredondo *et al*., 1996) |
| Valuing the helping practices and support networks of indigenous communities of colour. (Arredondo *et al*., 1996) |
| Valuing the ability to speak two languages and refraining from seeing another language as a hindrance to counselling. (Arredondo *et al*., 1996) |

| *Knowledge* |
|---|
| It is imperative to possess a comprehensive understanding of the generic attributes of counselling and therapy, including their connection to social class, culture, and language proficiency in order to avoid cultural clashes. (Arredondo *et al*., 1996) |
| Gaining insight into the institutional obstacles that discourage minority individuals from accessing mental health services is crucial. (Arredondo *et al*., 1996) |
| Gaining insight into the cultural and linguistic factors of the client is essential for comprehending the potential bias that may be inherent in assessment instruments, the utilization of procedures, and the interpretation of findings. (Arredondo *et al*., 1996) |
| Gaining insights into family realities across diverse cultural perspectives, along with an understanding of the resources accessible within the community. (Arredondo *et al*., 1996) |
| Recognizing the discriminatory practices in society is important as they can potentially harm the well-being of the population being served. (Arredondo *et al*., 1996) |
| *Skills* |
| – Demonstrating proficiency in both verbal and nonverbal communication techniques to effectively assist others (Arredondo *et al*., 1996) |
| – Recognizing and adapting to different cultural approaches and styles of helping (Arredondo *et al*., 1996) |
| – Adjusting one's helping style when it is perceived as limited or inappropriate (Arredondo *et al*., 1996) |
| – Utilizing institutional intervention skills to help clients identify and address issues related to racism or bias (Arredondo *et al*., 1996) |
| – Encouraging clients to seek consultation with traditional healers or religious leaders when appropriate (Arredondo *et al*., 1996) |
| – Prioritizing client's language preference and making appropriate referrals for translation or bilingual counseling (Arredondo *et al*., 1996) |
| – Possessing expertise in assessment and testing instruments and understanding their cultural limits (Arredondo *et al*., 1996) |
| – Actively working to eliminate preconceived beliefs or discriminatory contexts in evaluations or interventions (Arredondo *et al*., 1996) |
| – Developing sensitivity to issues such as: oppression, sexism, elitism etc. (Arredondo *et al*., 1996) |
| – Taking responsibility for educating clients about intervention processes (purposes, desired outcomes, personal rights, and counselor's formation as a specialist. (Arredondo *et al*., 1996) |

It is crucial for social workers to possess these skills in order to effectively support and assist minority clients (Sue, Arredondo, & McDavis, 1992). By being knowledgeable and proficient in these areas, social workers can create a safe and inclusive environment for their clients, ensuring that their unique needs and experiences are understood and respected. Additionally, these skills enable social workers to address the various challenges and barriers that minority clients may face, such as discrimination and cultural conflicts. By actively working to eliminate bias, prejudice, and discrimination, social workers can contribute to the promotion of social justice and equality for all individuals, regardless of their background or identity.

In certain cases, **social work** occurs through a **bicultural** framework (e.g., in New Zealand, where Māori people represent 16.5% of the country's population; in Romania, where the Hungarian minority represents 6.1% and the Roma minority represents 3% of the population) (Booysen & Staniforth, 2017). In this context, a strength-based (i.e., collaborative, connective, identity-supportive, inclusive, resourceful, and respectful) counselling approach (e.g., narrative therapy, solution-focused therapy) is consistent with culturally appropriate practice.

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# Promoting Positive Behaviour in Children with ADHD

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**Abstract.** This paper offers a comprehensive exploration of parenting strategies designed to support children dealing with Attention-Deficit/Hyperactivity Disorder (ADHD). Evidencing insights from empirical studies and research, the strategies presented encompass a range of behavioural interventions, emphasizing positive reinforcement, effective command delivery, and consequence management. Focusing on the cultivation of positive behaviours, the strategies delve into attention, praise, and consequence management, providing actionable steps for immediate implementation. From the process of command delivery to the application of psychological principles like the Premack Principle, the paper outlines a dynamic framework tailored to the unique needs of children with ADHD. The implications extend beyond the home, offering a paradigm shift in classroom dynamics and promoting collaborative, growth-oriented solutions. The strategic application of consequences, informed by behavioural research, charts a course for parents and teachers, providing insights into the delicate balance between reinforcement and corrective measures. These parenting strategies are not static modules but a continuous, dynamic process of refinement. Grounded in research, they provide a flexible scaffolding for ongoing improvement, fostering environments where positive behaviour is not only encouraged but becomes an integral part of a child's developmental journey.

***Keywords:*** *ADHD, parenting strategies, positive reinforcement, behaviour management, childhood development.*

## 1. Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder that has garnered significant attention in the scientific literature

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(American Psychiatric Association, 2013). Characterized by persistent patterns of inattention, hyperactivity, and impulsivity, ADHD profoundly impacts a child's daily life functions, academic performance, and socio-emotional well-being.

The key features of ADHD, as outlined in the DSM-5, encompass three core domains: inattention, hyperactivity, and impulsivity. Inattention manifests as a child's inability to sustain attention in tasks or play activities, leading to careless mistakes and forgetfulness (American Psychiatric Association, 2013). The scientific literature consistently underscores the significance of these symptoms, demonstrating their adverse effects on academic achievement and cognitive functioning (Faraone et al., 2015).

Hyperactivity, characterized by excessive motor activity and restlessness, is another integral component of ADHD (American Psychiatric Association, 2013). Studies have elucidated the impact of hyperactivity on a child's ability to engage in activities quietly, remain seated, and navigate social situations successfully (Willcutt, 2012).

Impulsivity, the third core symptom, involves hasty actions without forethought, contributing to challenges in self-control and decision-making (American Psychiatric Association, 2013). Researchers emphasize the multifaceted consequences of impulsivity, ranging from impaired social relationships to an elevated risk of accidents (Barkley, 2015).

Scientifically, the temporal aspect of ADHD is crucial for accurate diagnosis and differentiation from transient developmental challenges. According to the DSM-5, symptoms must persist for at least six months, with onset occurring early in childhood (American Psychiatric Association, 2013). Longitudinal studies have reinforced the chronic nature of ADHD, demonstrating its persistence across developmental stages (Biederman et al., 2011).

A fundamental concept in understanding ADHD, extensively explored in the scientific literature, is functional impairment. Impairment extends beyond the mere presence of symptoms, encompassing the tangible

consequences on a child's academic performance, social interactions, and overall quality of life (Barkley, 2006). Research by Hinshaw et al. (2012) highlights the pervasive impact of ADHD-related impairments on academic achievement, underscoring the need for a comprehensive assessment that goes beyond symptomatology.

The literature delves into the complex role of genetic and environmental factors contributing to ADHD. Environmental influences, such as the contemporary school system, have been scrutinized for their potential role in accentuating ADHD characteristics (Nigg, 2013). Moreover, socio-economic disparities in the diagnosis and treatment of ADHD have been identified, with children from economically disadvantaged backgrounds often facing barriers to accessing appropriate care (Bussing et al., 2016).

The diagnostic landscape of ADHD has been subject to ongoing debate, with studies addressing the prevalent question of whether the disorder is over-diagnosed or under-diagnosed. Contrary to popular belief, some studies suggest potential under-diagnosis, highlighting the need for a nuanced understanding of ADHD prevalence in diverse settings (Visser et al., 2014).

In conclusion, a comprehensive understanding of ADHD in children necessitates a multifaceted exploration of its core symptoms, temporal criteria, functional impairment, environmental influences, and diagnostic considerations. Scientific research, as exemplified by the contributions of scholars in the field, forms the foundation for evidence-based interventions and support systems.

## 2. Understanding ADHD in children: a comprehensive overview

Attention-Deficit/Hyperactivity Disorder (ADHD) in children is a multi-faceted condition that has been extensively examined through various seminal studies. Early research by Pelham Jr et al. (1992) and Wolraich et al. (1998) laid the groundwork by exploring teacher ratings of DSM-III-R symptoms and obtaining systematic teacher reports utilizing DSM-IV

criteria. These foundational studies highlight the importance of reliable diagnostic criteria for understanding ADHD in children.

Building on this foundation, Wolraich et al. (2003) and Fabiano et al. (2006) focused on the psychometric properties of assessment tools. The Vanderbilt ADHD diagnostic parent rating scale, as assessed by Wolraich et al. (2003), emerged as a valuable tool, and Fabiano et al. (2006) contributed the Impairment Rating Scale, offering a practical measure of impairment in children with ADHD.

Pelham Jr et al. (2005) emphasized the significance of evidence-based assessment, providing a structured understanding of ADHD in children and adolescents. Further research by Chronis et al. (2004) evaluated the Summer Treatment Program for ADHD, shedding light on intervention efficacy.

The impact of environmental changes, particularly remote instruction during the COVID-19 pandemic, was investigated by Lupas et al. (2021), providing valuable insights into the short-term effects on ADHD symptoms.

Examining the complex relationship between ADHD and parental involvement, Fabiano et al. (2009) compared behavioral parent training programs for fathers. Additionally, studies by Fabiano et al. (2010) and Pelham Jr et al. (2016) contributed to enhancing special education programming and optimizing treatment sequencing for childhood ADHD.

Our exploration of ADHD extends beyond diagnostic criteria, delving into the evolution of symptomatology and specifiers, as outlined by Pelham Jr et al. (2005) and Lupas et al. (2021). It becomes apparent that understanding ADHD involves considering the broader context of symptom presentations, specifiers, and severity assessments. The diagnostic process is not without its challenges, as acknowledged by Mugnaini and Fabiano (2006). Limitations in ADHD diagnostic tools underscore the need for validated behavioural assessments, and contextualizing ADHD behaviours calls for clinical expertise to distinguish them from other potential factors.

Impaired functioning takes center stage in ADHD diagnosis, emphasizing the critical role of identifying areas of impairment and formulating targeted strategies. Tools such as the Columbia Impairment Scale and the Impairment Rating Scale, as elucidated by Attell et al. (2020) and Fabiano et al. (2006), contribute to a comprehensive evaluation. Transitioning from diagnosis to treatment, as per Pelham Jr et al. (2016), marks the initiation of ongoing assessments and effective intervention strategies. Functional assessments, exemplified by the daily report cards, emerge as practical tools to guide tailored treatments.

Utilizing evidence-based approaches, our analysis aligns with the research of Pelham Jr et al. (2016) and Mugnaini and Fabiano (2006). By combining practical strategies with research-supported interventions, educators, parents, and clinicians can create supportive environments that enhance the well-being and success of children with ADHD.

In conclusion, this comprehensive overview provides a thorough understanding of ADHD in children, informed by a wealth of research. This foundation sets the stage for effective strategies for treating ADHD in educational settings, ensuring a holistic approach to supporting children with ADHD.

## 3. Parenting strategies for children with ADHD: fostering positive behaviours

Children diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD) face distinctive challenges, prompting the need for effective and evidence-based parenting strategies. This section delves into practical approaches to enhance positive behaviours in children with ADHD while incorporating relevant research findings.

In the context of ADHD, where negativity often prevails, a fundamental strategy involves emphasizing positive behaviours through consistent attention and praise (Hester et al., 2009). The prevailing negativity is counteracted by providing specific and labelled praise, redirecting

attention to the child's actions, and reinforcing desired behaviours. Research underscores the enduring value of these strategies in promoting positive behaviour among at-risk preschoolers (Hester et al., 2009).

Maintaining balanced attending in group settings ensures that positive recognition is distributed equally, reinforcing the link between positive behaviour and attention. The strategic distribution of attention, even in larger groups, helps children understand that positive recognition is directly tied to their actions (Hester et al., 2009).

Selective attention to minor inappropriate behaviours is another crucial aspect of effective parenting for children with ADHD. By strategically choosing which behaviours deserve attention, adults can diminish the power of certain actions (Mason et al., 2003). Mason, Humphreys, and Kent (2003) found that ignoring minor disruptions, especially those seeking attention, and promptly reinforcing positive behaviours contribute to creating a positive environment.

Effective command delivery plays a pivotal role in influencing a child's response (Leung et al., 2017). Good commands are characterized by clarity, positivity, and specificity. They are given one step at a time and followed by consequences for both compliance and noncompliance. Allowing at least ten seconds between commands and follow-ups provides children the necessary time to process and initiate the required behaviour, promoting successful compliance (Leung et al., 2017; Schlander, 2008).

Homework routines can be adjusted to positively impact a child's approach to less enjoyable tasks. Placing homework before preferred activities leverages the child's focus and energy, making the transition into less favored tasks smoother. The application of the Premack Principle, where less preferable activities precede more preferable ones, teaches children the real-world concept of effort preceding reward (Schlander, 2008).

Transitional warnings serve as practical tools for helping children transition from enjoyable to less preferred activities. Providing warnings in advance allows them time to mentally prepare for upcoming changes,

facilitating smoother transitions. Additionally, behaviour consequences such as time-out, privilege removal, and grounding are essential strategies (Fabiano et al., 2004). These interventions should be applied judiciously, with time-out being most effective during positive reinforcement situations and for serious behaviours (Fabiano et al., 2004).

In conclusion, these strategies, rooted in robust research findings, provide valuable insights into effective parenting approaches for children with ADHD. Tailoring these strategies to individual needs and consistently reassessing their effectiveness is crucial. The ultimate goal is to create a structured and supportive environment that fosters positive behaviour and growth in children with ADHD.

## 4. Implementing Daily Report Cards for children with ADHD in school settings

The use of Daily Report Cards (DRC) stands out as a promising intervention for children grappling with Attention-Deficit/Hyperactivity Disorder (ADHD). Extensive research has underlined the efficacy of the DRC, positioning it as an evidence-based tool to enhance academic performance among children with ADHD (Vannest et al., 2010; Fabiano et al., 2010). Not only is it effective, but the DRC also offers a cost-effective solution, providing a simple yet powerful mechanism for daily progress monitoring.

A key strength of the DRC lies in its simplicity and positive approach. The system operates on the premise of daily, specific, and achievable goals. These goals, ranging from positive behaviours to task completion, are clearly defined, allowing for easy assessment by teachers, parents, and the students themselves. The immediate feedback loop embedded in the DRC facilitates real-time communication, preventing surprises for parents and enabling timely interventions.

Beyond its role as a monitoring tool, the DRC serves as a bridge between school and home dynamics. By aligning home-based privileges with school-day accomplishments, the DRC encourages active participation

from the child, fostering a sense of ownership over their actions. This proactive involvement of parents in their child's educational journey reflects the DRC's commitment to empowering parents to address issues incrementally, averting potential larger problems.

Positive reinforcement is a cornerstone of the DRC. The system ensures that achievements, no matter how small, are acknowledged promptly. This continuous acknowledgment, whether through verbal praise or tangible rewards, contributes significantly to the child's motivation throughout the school week. It transforms the DRC from a mere tool into a catalyst for growth, reinforcing positive behaviours consistently.

Constructing a Daily Report Card involves a meticulous process. It begins with a comprehensive review of the child's current behaviour, utilizing various assessment tools such as behavioural rating scales, observations, and teacher interviews. The identified target behaviours are then precisely defined, avoiding vague instructions in favor of specific, measurable criteria. The quantifiable nature of these criteria allows for accurate progress tracking, enhancing both accountability and clarity in the DRC.

Refinement of criteria is an ongoing process within the DRC framework. Starting with an achievable baseline, criteria become progresssively more challenging as the child demonstrates success. Its strategic layout serves as a daily guide, outlining goals, setting clear criteria, and becoming an invaluable roadmap for both teacher and student.

The reward structure is a critical aspect of the DRC system, operating on the principle of positive choices. Children are empowered to make positive choices by meeting daily goals, leading to positive consequences, or face outcomes for poor choices. Collaboration with parents is integral to this process, as they play a key role in establishing a hierarchy of rewards that align with each goal. The daily reset approach ensures that consequences, whether positive or otherwise, are immediate and relevant, maintaining high motivation levels.

Overcoming consistency challenges, the DRC system acknowledges the practicalities of parents' schedules and aims for a manageable daily reset. This approach not only keeps the system effective but also ensures its practicality for consistent implementation. The emphasis on a daily resetting mechanism creates a continuous cycle of motivation, prompting children to consistently strive for success.

Distinguishing between school and home rewards, the DRC recognizes that while school rewards are valuable, home-based rewards hold particular significance due to their personal and meaningful nature. Encouraging parents to view rewards as privileges to be earned fosters a system where positive behaviour shapes choices, reinforcing accountability. Incorporating naturally occurring rewards into the DRC system is pivotal. By framing certain privileges as rewards to be earned back through positive behaviour, parents create a system that shapes a child's choices, reinforcing accountability. Establishing a reward hierarchy ensures that the level of reward corresponds to the child's performance, maintaining motivation and preventing monotony.

Effective communication is paramount to the success of the DRC. Both teachers and parents engage in explaining the DRC to the child through meetings, feedback sessions, and a review of the reward menu. Role-playing positive scenarios further enhances understanding, with a focus on maintaining a positive outlook. This approach, rooted in belief in the child's ability to meet goals, creates a cycle of positive reinforcement.

Long-term implementation of the DRC involves dynamic adjustments of goals and criteria. Flexibility is key, with regular assessments allowing for modifications based on a child's performance. Striking a balance between achievable and challenging goals is crucial, with the DRC serving not just as a monitoring tool but also as a progress monitoring tool over time.

Harnessing the DRC as a progress monitoring tool is an often-overlooked advantage. Saving reports over time provides a visual representation

of a child's performance, highlighting improvement and identifying potential backsliding. This historical data empowers parents and teachers to collaboratively revise the program for sustained effectiveness.

Empowering educators and parents with tools and insights, this section provides valuable resources for effective DRC development and utilization. From sample DRC targets and reward forms to troubleshooting tips, these resources enhance the implementation of the DRC. Crafting a DRC involves a stepwise process, from identifying target behaviours to implementing and monitoring progress. Reflecting on the process allows for ongoing refinement, ensuring the DRC remains a powerful catalyst for positive change and academic improvement.

## 5. Conclusions and implications

In conclusion, the comprehensive exploration of parenting strategies for children with ADHD underscores the multifaceted nature of interventions required for effective support. Through an understanding of antecedents, behaviours, and consequences, parents and educators can navigate the complex landscape of ADHD-related challenges. The amalgamation of research insights, as exemplified by studies conducted by Hester et al. (2009), Mason et al. (2003), Leung et al. (2017), Schlander (2008), Fabiano et al. (2004), Arcia et al. (2000), and Newby et al. (1991), contributes to a nuanced comprehension of tailored strategies.

The emphasis on positive behaviours, attention, praise, and consequence management serves as a beacon in fostering an environment that uplifts children with ADHD. From the process of command delivery to the application of the Premack Principle and Transitional Warnings, each strategy is a thread in the tapestry of effective ADHD management. The delicate balance of reinforcing positive actions while strategically addressing noncompliance emerges as a cornerstone for success.

The implications of these parenting strategies extend beyond the immediate purview of ADHD management. By acknowledging the unique

needs of children with ADHD and tailoring interventions accordingly, we pave the way for broader societal implications. Educators, armed with insights from studies like those conducted by Arcia et al. (2000) and Newby et al. (1991), can shape classroom dynamics that are conducive to positive behaviour. Moreover, the strategic application of consequences, as elucidated through research such as that by Fabiano et al. (2004), offers a roadmap for parents and teachers to navigate the delicate balance between reinforcement and corrective measures. The incorporation of evidence-based strategies into behavioural interventions aligns with a paradigm shift from punitive approaches to collaborative, growth-oriented solutions.

In practical terms, the presented strategies provide tangible tools for parents and educators to enhance their support for children with ADHD. As we delve into the realm of house rules and behaviour contracts, the potential for a structured, collaborative approach to behaviour management becomes evident.

The journey through these parenting strategies is not just a singular module but an ongoing process of refinement and adaptation. Each strategy, grounded in robust research, sets the stage for continuous improvement in understanding and addressing the needs of children with ADHD. The implications ripple through homes and classrooms, fostering environments where positive behaviour is not just encouraged but becomes an integral part of the developmental journey of every child.

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# “Where Is our Family Heading?”

*Carmen Marcela CIORNEI*[*]

**Abstract.** The case study presents the story of a family that faced multiple challenges (domestic violence, separation, divorce, material deprivation, suspicion of a diagnosis for one of the children, risk of losing housing).
Generally, individuals or families seeking public social assistance are evaluated by a social worker who, based on their profile and training, identifies specific issues and intervenes within the limits of the institution they work for.
In this particular case, however, the featured family was under the attention of the Social Protection Service within the Directorate of Social and Medical Assistance (DASM) and received substantial support from a social worker in collaboration with a therapist (under supervision) practicing systemic family therapy. Additional resources outside the reference institution were also mobilized.
It is a family-centered intervention model from an ecological perspective, considering both the internal functioning of the client system. The assessment and intervention took place over a two-year period.

***Keywords:*** *family, intervention, perspective.*

## 1. Initial Phase

### 1.1. Description of the Client System. Family Structure

The S.P. family, or Stefan for the sake of expression fluidity (all names and other identifying information of the client system have been modified to ensure confidentiality), was registered with the Social Protection Service within the Directorate of Social and Medical Assistance (DASM) as a recipient of family support allowance according to Law no. 277/2010 on family support allowance, with subsequent amendments and completions, starting from March 2018. At the time of the initial assessment, the Stefan

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family consisted of: the mother, Dorina, 48 years old; the daughter, Ioana, 24 years old, a student; the daughter, Miruna, 20 years old, a high school graduate and unemployed; the son, George, 17 years old, a student; and Dorin, 11 years old. According to social investigations, the family owned their own residence, and the family's income consisted of occasional earnings by the mother and state allowances for George and Dorin. The children's father did not contribute to the upbringing and care of the children; in fact, he was taken to court for unpaid child support.

Dorina, the divorced mother and high school graduate, had worked various unskilled jobs over time. She had left her job citing health problems and did not receive unemployment benefits.

Ioana, the eldest daughter, was a final-year student at the Faculty of Agronomy, specializing in Horticulture.

Miruna had graduated from high school without passing the baccalaureate exam. George was a high school student, and Dorin attended a general school. Recorded data indicated that the family faced material difficulties, and the prospects of overcoming material deprivation were limited. Regarding the family's health status, social investigations noted that Dorina, the mother, was under the care of a specialist for type II diabetes, medically controlled, and diabetic polyneuropathy. Dorin, the youngest son, also had juvenile diabetes (diagnosed at the age of 10) and diabetic retinopathy.

## 1.2. Exploration

### 1.2.1. Reason for Contacting the Family

The Stefan family was contacted in August 2019 as part of a program conducted by DASM in collaboration with a partner foundation (UI Path). This program aimed to provide support and education to children from families at risk of marginalization and social exclusion. The program involved offering concrete and consistent support to vulnerable seventh-grade students, assisting them in the transition to high school, and ensuring the completion of their secondary education. Initially, Dorina refused to give her consent for her son, Dorin, a 7th grader, to be enrolled in the

aforementioned program. To eliminate any potential confusion and ensure that the mother had all the necessary information to make an informed decision, she was contacted by phone, and after obtaining her consent, a meeting was arranged. This established a trusting relationship, and, crucially, it opened the door for a more in-depth exploration of the family's situation. It's noteworthy that Dorina concluded the meeting with the phrase, "If you say so, then I understand and I believe you."

### 1.2.2. Development of the Family's Situation and Issues from the Client System and Social Worker Perspective

Mrs. Dorina remained registered with DASM as a representative of a family benefiting from family support allowance, while Dorin continued in the UI-Path program (a program that had a consistently positive impact on the child)

In March 2021, Mrs. Dorina requested a meeting, marking the true beginning of the social assistance process for this family.

The issues presented by Mrs. Dorina focused on two main directions:

1. Concerns related to the children:
   a) Ioana, the eldest daughter, had completed her studies, faced challenges in finding employment, and expressed an intention to leave the country.
   b) Miruna, at the age of 22, struggled to secure and maintain employment.
   c) George, now in Belgium, kept in touch only with Ioana, refusing to communicate with his mother.
2. Another issue, related to the ex-husband, with Mrs. Dorina stating, "I don't know what got into him all of a sudden," after 10 years since the divorce, he attempted to reconnect with the family, especially with the youngest son.

The session took place in a safe environment for the client and represented an overflow of emotions and pain that had previously been managed through repression. The client discussed her relationship with

her ex-husband, a relationship marked by physical and emotional abuse, including instances of assault during pregnancy (Dorin's pregnancy was jeopardized by the endured beatings). She shared that her extended family provided no support during those difficult years and expressed, "I never allowed myself to sit down and cry because I had children to raise." Mrs. Dorina described her confusion about why she no longer had a warm and secure relationship with her children. They had chosen to leave home or were considering doing so. Additionally, she felt deeply betrayed by the fact that her daughters seemed to accept their father's intention to reconnect with the family.

Subsequent sessions (assessment sessions) were conducted at the Stefan family's home, establishing relationships with Ioana, Miruna, and Dorin in the process..

Several issues were outlined on which the family agreed should be prioritized and resolved:

a) Health issues: Mrs. Dorina hadn't seen a specialist doctor for over a year, was following the prescribed medication but struggled to maintain a proper diet. Dorin was better supervised and fed.
b) Lack of consistent and sufficient income: In practice, the family had three capable adults, none of them were securely employed with proper documentation.
c) Profound uncertainty regarding housing: The family lived in a "tolerated space," in the residence of Mrs. Dorina's sister. An important clarification: both Mrs. Dorina's mother and her sister are deceased. Dorina has a first cousin who would have inheritance rights to the house, but the succession has not been discussed.
d) Issues related to family dynamics: The children claimed that their mother often forgets that they have grown up, that they no longer need protection offered almost obsessively.

In the social worker's agenda, several questions were noted: What was the quality of relationships in Mrs. Dorina's family of origin? To what

extent is Mrs. Dorina preparing for a future in which the children will lead autonomous lives? What explains why this family accepted an uncertain housing situation? What prompted the ex-husband (who is remarried) to try to re-establish a relationship with a family from which he separated many years ago?

## 1.3. Client System's Capacity

### 1.3.1. Family in Space: Ecological Assessment

#### A. Basic Needs

The family lived in the center of Cluj-Napoca, at an optimal distance from public transportation with easy access to supply units, medical facilities, and cultural venues. The family's residence consisted of two rooms and a space arranged as a kitchen, bathroom, and another annex serving as a ”children's playroom”, now converted into storage.

While the house was clean, it appeared gloomy and unwelcoming, arranged to accommodate the needs of five people. The furnishings were old, the walls unevenly painted, and the furniture arranged to maximize the available space. The house had not seen significant improvements in many years, primarily due to financial constraints and uncertainty about the long-term occupancy of the residence.

The family had not developed a friendly relationship with neighbors. Mrs. Dorina reported that neighbors were frightened by the aggressive behavior of her ex-husband and had withdrawn after intervening in her favor during violent episodes. Following the divorce, Mrs. Dorina chose to maintain a distance from the neighbors. The true reasons for this decision were later explored in the social assistance process.

Neither were relationships with extended family (relatives of Dorina or her ex-husband) consistent at the time of the assessment. The children had developed friendships with schoolmates (and later college classmates, as the case may be) but they were not invited to the Stefan family home. The Stefan boys had, for some years, been on good terms with a nephew

of Mrs. Dorina (Relu), a relative on the paternal line, who played an important role in their lives.

Dorina has a sister who lives in another county, and their relationship was initially perceived as solid. However, Dorina's statements were not supported by actions, and during the assistance process, it became evident that she couldn't rely on her sister.

The Stefan family professes to have a work-oriented culture. The importance of acquiring a good education and the value of work were emphasized to the children. They were taught that it is desirable for each person to have sufficient resources for a decent life, resources acquired through their own abilities. However, a contradictory discourse persisted in the background, suggesting that "to whom it is given to have, has!" – implying that material prosperity depends on certain changes, rearrangements, and chances that are not necessarily linked to sustained effort at work.

**B. Relationship with the Environment of Family Members. Family-Environment Boundary**

At the time of the assessment, the Stefan family was more isolated from the outside world than open to exchanges with the environment. Mrs. Dorina unintentionally conveyed to the children the message that what comes from outside the family is more likely to be uncertain and potentially dangerous. This aspect was noticed (and vehemently contested) by one of the daughters, Miruna ("Mom, you keep us locked up at home," "Why do you keep telling me to be careful, as if everyone wants to harm me"), who was the most determined to cultivate friendships with former classmates or meet new people. Dorin shared his mother's fears, and practically, the two had the closest relationship within the family ("Dorin will never get married; he's already married. To mom," are Miruna's words).

The family boundaries were quite rigid (violated from the inside to the outside by Miruna), and positive expectations regarding individuals,

other families, including their extended family, institutions, or public authorities, were almost completely absent.

### 1.3.2. Assessment of Internal Dimensions of Family Functioning

#### A. Family Structure

At the time of the assessment, the Stefan family was a single-parent family, separated through divorce. According to the divorce decree, all the children, who were minors at the time of the divorce pronouncement, were entrusted to the mother. The father was mandated to pay child support, an obligation that, incidentally, had never been fulfilled. The family consisted of the mother, three adult children (one of whom no longer lived with the family), and one minor child.

The family's survival resources were provided by the mother, who worked in unskilled labor (cleaning services). Neither Ioana nor Miruna was employed at the time of the assessment.

#### B. Family Organization

Responsibility for the well-being of the family was firmly assumed by the mother. Mrs. Dorina managed the finances, made necessary decisions for the family's functioning, and preferred to be consulted on all individual decisions her children made as students or in other roles they held.

The informal leader of the family appeared to be Ioana, the children considering her the "brain and balance" of the family. Miruna was described as the vibrant and tumultuous element in the Stefan family fabric. George was portrayed by his sisters as the one determined to "forge ahead" and "afford to buy shoes" without seeking permission. Dorin was depicted as his mother's child, attentive to what he consumed, anxious about the prospect of losing his eyesight.

At the time of the assessment, Miruna's exclamation in response to a question about managing emotions and meeting emotional needs within the family was noteworthy: "Emotions? What are those? We each cry separately, and that's all we talk about."

### 1.4. Contract with the Client System

Following the assessment, the family maintained the hierarchy of initially listed problems, which became the subject of a contract with the client system. As will be demonstrated later, the contract underwent modifications, changes imposed by the repositioning of goals and the redefinition of situations. Tasks for the involved parties were negotiated, and the family's long-term strategy was formulated. At this stage, it did not exceed the threshold of survival needs.

## 2. Intervention I

As previously indicated, the overall intervention strategy aimed at supporting the family in accessing the resources necessary for survival. Thus, from March 2021 until December 2021, the family was assisted in achieving established objectives:

a) Health Issues: Mrs. Dorina, the mother, received support to rebuild her relationship with the specialist doctor. She agreed to consult with a nutritionist, took her prescribed medication seriously, and adhered to the therapeutic program recommended by the diabetes specialist. She attempted an assessment at the County Service for Medical Expertise and Work Capacity Recovery to obtain a disability pension (Dorina has 21 years of work experience), but the effort did not materialize, as the expertise commission rejected the request. Dorin continues to be under medical supervision by the same doctor, and his health is within optimal parameters.
b) Steady Income: Through the Social Inclusion Center within the Social Protection Service of DASM, both Ioana and Miruna were employed. The two young women received substantial support from the Center's specialists, including assistance and counseling for employment, as well as post-employment monitoring. It is worth noting that Ioana did not utilize her bachelor's degree but reoriented professionally by taking IT courses and securing a job in this field. Miruna also

accepted the Center's suggestion, attended a cosmetology course, and successfully obtained a job.

c) Housing Situation: Regarding housing, the family remains in the same situation. Ioana considered the option of applying for a mortgage to purchase a home that would truly feel like their own. However, this initiative did not materialize.

## 3. Evaluation of Intervention I

The evaluation conducted in December 2021 indicated that the family seemed to be in a balance concerning immediate material needs. The family's income stabilized, even though Mrs. Dorina did not secure a permanent job; both daughters are employed, ensuring the family's needs are met.

The family appeared to be more settled in a social network, although the changes were primarily in the relationships the daughters developed with classmates/colleagues. According to Mrs. Dorina, the relationships within the family did not become closer: "They, the children, have their own lives, and I still have all the worries on my mind."

Additionally, although Mrs. Dorina did not initiate a dialogue with her cousin, who has inheritance rights over the house, she obtained information suggesting that her ex-husband intends to purchase (and then sell) the house where the family lives. In practice, this information meant, on the one hand, an attempt to clarify the ex-husband's intentions ("that's why he was coming around, to enjoy it when we're kicked out, to come and stay in our place"), and on the other hand, an urgent need to expedite the decision to search for housing, even under rental conditions.

Therefore, December 2021 did not bring the conclusion of the intervention process provided to the Ștefan family but rather the need for a reassessment of the family's situation, the negotiation of another contract with the client system, and a new intervention plan. The trigger for this

change was a barrage of questions from Miruna to her mother: "Mom, why don't you enjoy anything? Why don't you enjoy anything, and you don't let us enjoy life? Why are you constantly afraid? Don't you realize that you resemble grandpa?"

The family's reassessment was carried out from a different perspective, namely, from the perspective of the family over time.

## 4. Family Over Time. Dimensions of Family Assessment Over Time: Intergenerational Evaluation

In January 2022, during two successive meetings, Mrs. Dorina Ștefan was assisted in creating the genogram of her own family. The elements presented below are derived from the genogram study.

### A. Family Models

It quickly emerged from the genogram analysis that a significant model within Dorina's family was one where "the family is a fortress with high walls." Dorina's parents got married in 1968, despite opposition from the paternal side of the family. In practice, Dorina's parents married and moved from Sălaj county to Cluj county, severing ties with their families of origin. Soon after marriage and relocation to Cluj county, the two daughters of the family were born, two years apart, with Dorina being the elder. Dorina's childhood was marked by severe abuse from her father, an occasional alcohol consumer, convinced that "a woman should stay in her place," meaning she had no right to contacts or relationships other than with her husband and those mediated and recommended by him. Dorina grew up with the fear that someone would discover that she was beaten by her father. She had no friends and played the role of protector for her mother and sister, all three bound by a pact of silence: "no one should know what we have in our home." Her mother lost a pregnancy due to the beatings administered by her husband when Dorina was 10 years old

## B. Family Paradigm

"You don't know what awaits you." Dorina's paternal grandfather claimed to be a very hardworking person ("who doesn't work for a living in this world?") and very frugal ("do you hear the bells ringing? Ignore them, you don't need..."). In the year Dorina's father was born (1945), after a severe storm, the entire household (house, outbuildings, annexes) burned down. The family had to live for several years in a hut built from clay. It was the post-World War II period, and in 1946, Romania, devastated by war, faced drought and famine. On the maternal side, Dorina's mother became an orphan at the age of 15 and took on the responsibility of raising two younger brothers.

## C. Individual Identifications

Dorina identified with her maternal aunt (the one who raised her brothers from the age of 15) and with her mother, who had a very difficult life with her father. She got married at the age of 21, against her father's wishes but with her mother's support. Like her mother, she moved from her hometown, following her husband, and, like her mother, endured her husband's abuse. Similar to her mother, she preferred to keep to herself that she was leading a difficult life. The difference between her life path and her mother's was that she embraced divorce, for which she was criticized by her mother..

## D. Current Family Relationships

It became evident once again that Dorina's family had not maintained connections with the family of origin, neither on the maternal nor paternal side. The rift between Dorina and her sister occurred immediately after the latter's marriage, three years after Dorina's, when her sister's husband called the police after realizing that Dorina was being assaulted. Dorina reported that in her family of origin, "people didn't sit at the table to discuss anything; they just sat to eat." Conflicts were neither defused nor discussed.

### E. Sources of Difficulty. Dysfunctional Roles

Dorina's father and then her husband were seen as dangerous and heartless individuals to "avoid as much as possible." The concept of a healthy relationship with the partner, the man of the house, was never considered. The family, in fact, faced a profoundly dysfunctional male role, an authority that destroys rather than protects, requiring the development of protection mechanisms.

## 5. Intervention II

Unlike the first part of the intervention (Intervention I), this phase unfolded in a less organized manner, in the sense that no objectives were set to be pursued at all costs. After the two sessions in January 2022, deeply impacted by the genogram analysis, Dorina was given a homework assignment formulated as follows: "Now you say you see things you haven't seen before, that you understand your life better. If we were to go back 15 years, what would you do differently?". She then returned to a counseling program provided every three weeks. Below are some aspects that were analyzed in the counseling sessions:

1. Self-esteem. Who am I? What have I brought with me from my own family?
2. What does it mean to be a good mother? What does having healthy relationships with my children mean? How far can I protect them?
3. Decision-making. Do we make decisions, or do we wait for things to happen?

At this stage, the work was carried out as a team: a social worker and a therapist (in training) in systemic family therapy.

The sessions (5 in total, conducted from January 2022 to April 2022) took place either at Mrs. Dorina's home or at the DASM office and were meetings attended by at least 2 people, namely Dorina (consistently) and at least one of the children..

Illustratively, a few aspects:

a) In one of the sessions, Dorina (with Miruna and Ioana present) expressed her fears about the "diabolical" plans of her ex-husband, who had not sought their children at all and had not paid child support, etc. We tested a hypothesis (the children's father was an abusive husband, yes, but was he also an abusive father? Would the children be in danger if they met him?) and posed the question "What do you think would happen if Dorin went for a walk with his father?" The role of the counselors was to help Mrs. Dorina separate two aspects: her ex-husband as a spouse and her ex-husband as a father. Dorina concluded that her ex-husband, as a father, might have plans regarding the house, but Dorin would not be in physical danger, and his father wouldn't harm him.
b) The theme was revisited in another session by Miruna, who, at the challenge of one of the counselors, described Dorin as "smart and easy to get along with." She then recounted that recently Dorin confronted his father by asking him, "What do you actually want me to say now?" It was the moment when Dorin surprised everyone by saying, "I want us to leave this house." We explored what this statement means, and we concluded that Dorin knows more than it seems about the family's situation and wants to have his own space where he can bring friends without fearing either the "father who takes the house" or the "mother who wants to keep everyone at home." The discussion focused on very practical issues (social housing or assistance with rent payment, DASM program).

## 6. Evaluation of Intervention II

The family has adopted a ritual: they have a day (jokingly named by Miruna as ”the day we sit at the table and talk, then eat”) where they engage in conversation. Relationships are more functional, more flexible. The

daughters have discovered that Dorin is not just the "perfect child of the mother" but also their brother on whom they can rely.

## 7. Final Evaluation of Intervention Results, Conclusions

Families that come under the attention of public social assistance services are often approached only in the logic of testing means and establishing rights to social benefits. This means surface-level resolution of problems and the intergenerational perpetuation of destructive patterns. Moreover, a materially deprived family can also be a family with deeper issues (violence, abuse, etc.) that clearly require support services after basic needs have been satisfied.

The intervention in the Stefan Family was challenging, resource-consuming (especially time resources), and unfolded in two stages. The first stage focused on immediate, material, visible needs. The second stage meant changing (or at least becoming aware of) the patterns and paradigms of the family of origin, with a tremendous impact on the relationships within the current family.

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# Challenges in Providing Social Services to Ukrainian Displaced People in Romania

***Daniel-Junior TUDORIE**** 

**Abstract.** The invasion of Ukraine by Russia created a massive humanitarian crisis, displacing millions of people, some of whom arrived in Romania. This paper presents the results of a qualitative research in which ten interviews were conducted, with three social workers, two translators and five psychologists who were part of the teams which offered assistance to the displaced. They shared how the team worked, what challenges they faced and how working with war-affected people impacted them. The needs of the displaced were varied and evolving. The professionals needed to adapt and to cope with strong emotions arising from difficult situations. However, this experience helped them to develop, and they reported feelings of personal and professional fulfilment. Humanitarian workers must know the occupational risks associated with their field of work and develop healthy coping habits and strategies to maintain personal balance and development.

***Keywords:*** *Ukraine war, displaced people, social worker, psychologist, translator, psycho-social services*

## Introduction

In the morning of February 24, 2022, the Russian Federation invaded Ukraine, initiating a military conflict Europeans never imagined they would see again on the old continent after WWII. Millions of people were forced to flee their homes, being displaced both within the country and beyond its borders. As a neighboring country of Ukraine, Romania was transited by large numbers of Ukrainian citizens, of whom thousands have chosen to remain on the territory of our country.

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The mobilization of the Romanian society was remarkable. People, NGOs and state institutions worked together, employing a huge number of resources to help those fleeing the war. Initially, the aid consisted of food, shelter, transport, medicines and other essential goods and services. Later, however, the need for psychosocial services became more pressing and various NGOs provided counselling, therapy, case management, group meetings to provide emotional support, etc. Multidisciplinary teams of social workers, psychologists and translators were set up for this purpose.

Emergency intervention in the context of a massive influx of migrants from a conflict zone is not something Romania has experience in. Neither Romanian social services providers nor mental health specialists had faced this kind of challenge before. However, a significant number of social workers, psychologists and psychotherapists, translators and volunteers were needed to provide the necessary psychosocial services to people displaced by conflict. This qualitative research aims to make a small contribution to the vast field of humanitarian assistance to displaced people, through the insights the interviewed experts provided about their work.

## The Research

This article presents the results of a qualitative research conducted in May 2023, using ten semi-structured interviews, in which psychologists, social workers and translators shared how they designed and implemented their intervention for displaced people, as a team, what challenges they faced and how working with war-affected people impacted them.

Three research objectives were defined. First, the research aimed to describe how the multidisciplinary team functioned in the intervention. The second objective was to identify the challenges faced by the psychologists/ social workers/translators who provided assistance to displaced persons. Third, the research aimed to identify the impact that working with displaced persons had on members of the multidisciplinary team.

The research questions were formulated in relation to the research objectives. These were as follows:

1. How did the team function in providing psychosocial services to displaced people?
2. What challenges did the team members face in the intervention?
3. What was the impact of working with displaced persons on the members of the team?

The interviews were conducted remotely via phone call or internet (software such as Zoom or Google Meet). Some of them were recorded and the responses transcribed and edited for fluency and brevity afterwards. In the case of others, responses were noted down in real time during the conversation, while other interviewees submitted written responses.

The interview was structured in three sections, corresponding to the three research questions and objectives. The first section aimed to explore how the multidisciplinary team worked; the second section investigated the challenges faced by the team, while the third section focused on the impact that working with displaced persons had on the members of the team. In the end, the interviewees offered recommendations on how authorities and NGOs could improve their assistance to professionals providing psychosocial services to displaced persons. The interview guide can be found in the Annex.

Ten people were interviewed: three social workers, two translators and five psychologists (three of whom were project managers). All the interviewees were female. Six people worked in Bucharest, three in Constanta and one in Brasov.

## Results of the Research

### 1. Identifying how the multidisciplinary team worked

#### 1.1. Services offered by the team

As interviewed people recalled, among the services the teams provided, there were: psychological services; legal assistance; cash assistance; case

management; finding accommodation; providing food, clothes, various information (such as how to use public transport or how to buy plane tickets); finding jobs; assistance in accessing medical services; Romanian language lessons; English language lessons; recreational activities; music lessons; counselling; trainings on prevention of human trafficking and domestic violence; workshops; *happy bubble* spaces for children; programmed for teenagers, parents and grandparents.

### 1.2. Differences between work at the beginning of the war and present work

N.N. (social worker / child protection officer, 23) recalls the uncertainty of the early period. She says: *at the beginning of the project, we didn't know exactly what the people we were going to work with were like, what their needs were, and it was more work every day because we had to discover their needs, understand their needs, see what methods we could use to meet them.* The language and cultural barrier made it difficult for Ukrainians to trust those who wanted to help them. At the moment of the interview, however, the situation was different. *It is much easier now because we already know what we have to do, we are familiar with our beneficiaries, they are familiar with us and it is much easier work. In fact, it's no longer work, it's just something you do because you like it.* It was obvious that attachment appeared between the social worker and the beneficiaries, whose progress gave her joy. *I like the children I work with and I love to see how they have developed.*

For L.M. (social worker, 55), the workload is the same, but the difference was noticeable in terms of personal emotions. She is not *as affected* as in the beginning: as the time went by, the challenges she faced did not have the same emotional impact anymore. She remembers the great uncertainty associated with the beginning of the war, but also the first case she took care of: four displaced mothers, with seven children. *I wondered what I was going to do*, she says, remembering the lack of knowledge of the legal norms in this area and how they were constantly

changing. Along the way, however, new patterns, skills and working strategies were acquired. *Now I know how to work, I have some procedures, I know who to contact.*

F.C. (social worker, 23) recalls the great challenges in the early days, when displaced people needed *accommodation, warmth, food, clothing, money, etc.* Nowadays, the work is easier, as beneficiaries are aware of the services available to them from NGOs, and requests are correlated with the available resources.

G.C. (translator, 24) points out that at the beginning of the war there were many more people who needed help. Now, however, many have left Romania, leaving only those who want to live here for the long term or those who choose to be close to their homeland so they can return home as soon as possible.

M.C. (translator, 29) says that *at the beginning of the war, the anxiety and worry were overwhelming emotions*, but she did her best to maintain her optimism and believe that *everything would be fine soon*. Now she feels *more peace*, but still wants *the war to end*.

F.B. (psychologist, 23) points out that *at the beginning of the war, a typical day in my work involved group meetings with Ukrainian displaced people*, where she tried to give them a safe space *to express their emotions and share their traumatic experiences.* While initially her expertise was focused on providing crisis counselling, today, in addition to group counselling, she focuses on individual counselling and a variety of topics not necessarily related to the aftermath of war, and the multidisciplinary team she works with offers a wide range of services.

As a project manager, R.P. (psychologist, 34) remembers that *it was very demanding and busy*, as many solutions had to be identified in a very short time, as there were *a lot of demands and requests from the beneficiaries waiting for answers*. Now, however, she points out that the challenges are of a different nature, namely to continue to get funding for the projects.

A.B. (psychologist / project manager, 36) also points out that *at the beginning of the war things were very unpredictable. There were no programmed or precise steps to follow. There was a general structure, but with a great possibility to adapt to the needs discovered on the ground.* Now, however, things have changed. *We can talk about the specialized services we offer, the intervention plans we make, given that displaced people are no longer at the border, as they were at the beginning of the war, or in transit shelters, but their situation is more settled: they are either in private apartments, houses, or shelters, where they can live for a longer time.*

One can clearly see that the majority of the interviewed professionals recalled the uncertainty associated with the period when they started working in humanitarian intervention, and also the greater workload. Time and acquired experience have softened the initial shock and added skills, increasing the feeling of having control over the situation.

### 1.3. The need for another type of experts as part of the team

One of the questions asked regarded the perceived need for a different type of experts than psychologists, social workers, and translators, as part of the intervention team. While N.N. and F.C. do not consider that the team needed other specialists, L.M. thinks that the team would have benefitted from the presence of a trained person for activities with the children, so that the psychologist could deal more with adult counselling and therapy. She also points out that a Ukrainian-speaking chaplain was needed, saying that she was asked by beneficiaries where they could go to church and directed some of them to an English-speaking priest. Many, however, who spoke only Ukrainian, *wanted to go to confession, to receive communion, and had nowhere to go*.

M.C. believes that the team would have benefited from having an immigration specialist and a human resources specialist on the team, to help with finding jobs for the beneficiaries. L.P. (psychologist, 30) thinks that a family doctor *would have been useful in the team*. This is also emphasized later in the interview, with several experts considering the medical needs

of beneficiaries to be one of the priorities and one that required a significant amount of the working time of the team.

*At the beginning of the project, when most of the displaced people needed support in preparing their residence permit application,* F.B. felt the need for a lawyer in the team to provide a complete package of services. On the other hand, R.P., G.C. and A.C. underline the need for Romanian language teachers. A.C. (psychologist / project manager, 24) adds that *none of the NGOs were sufficiently prepared because they did not know what to expect* in such a humanitarian crisis. She points out that this event showed how important it is *to have translators and interpreters at hand.*

It is worth noting the variety of given answers. Excluding the Romanian language teacher, mentioned by three people, all the other roles (children activities specialist, chaplain, immigration specialist, human resources specialist, doctor, lawyer) are mentioned only once, by one interviewed person. This underlines the diversity of the needs and situations encountered on the ground.

### 1.4. Adapting to the situation on the ground

Almost all interviewed specialists stressed the need to adapt to the situation on the ground. N.N. recounts: Many times, we had to adapt to the situation on the ground. For example, when we had to offered vouchers as part of the cash assistance services, and personal hygiene kits in addition to them. We would leave thinking that a certain person would take care of the GDPR (personal data processing agreement) forms, another person would fill in the record table sheets for the voucher recipients, another person would fill in the table sheets for the hygiene kits and we would work without rush... Yet, as we arrived at the shelters, we would see that people were impatient and arguing, therefore the person who was supposed to take care of the paperwork had to talk to people and calm the spirits. The rest of us had to take over his duties, and the plan would be messed up. Or, we would go to the children with a plan – with certain games, for example, but they would say "we liked the activities we did last time so

much that we want to do them again". We needed to adapt to this kind of situations.

L.M. brings to attention situations encountered when seeking medical services. Beneficiaries could ask for support for a specific medical problem, but when they were consulted, other, perhaps more urgent problems were discovered. *If they asked for medical support on an endocrinological problem, for example, we found out at the surgery that they had diabetes. That's when the plan changed completely. One lady asked for physical therapy for her legs, we discovered she needed cardiac surgery. With another little girl, with disabilities, we found out that she also had ophthalmological problems and we had to go to several places with her. There were many cases of change of plan. We adapted according to the needs identified along the way. Not all problems can be identified at the initial assessment.*

F.C. underlines the fact that the daily plan was well organised before the start of each working day. However, she admits that *there were some days when activities changed according to the schedule of our beneficiaries.*

G.C. shows that some ideas could not be implemented because of the age of the participants (children). *Sometimes,* she says, *the games we prepared were either too difficult or too boring, and we had to adapt. Sometimes we would prepare an activity, but they wouldn't participate as long as we intended and we would change the activity.*

As a translator present in the field since the early days of the humanitarian crisis, M.C. said that it took some adaptation, as *there were no written protocols at the beginning*. She stresses the importance of attributing different tasks to particular members the team, which led to good organization.

F.B. also points out that adaptation was about adapting to the needs of displaced people. Thus, in the first stage, intervention teams focused on *establishing trust relationships with the people and providing immediate emotional support.* Later, *as the situation evolved and needs changed,* the intervention was adapted *to include social reintegration aspects, such as learning Romanian and finding a job.*

A.C. says that the original plan was modified several times as the expectations of the donors changed. *The project was written based on estimations, but no one knew exactly how many displaced people there would be, how they would adapt, where they would be, what choices they would make, etc.*

A.B. concludes by stating that *in our work as social service providers or psychosocial specialists, it is very important to have a high degree of adaptability and not to remain stuck in the initial plan we set ourselves. It is also essential that this initial plan is drawn up together with the beneficiaries, so that we can ensure that they have the resources to cope with such a plan and that the objectives set are realistic.*

It is worth noting that the need to adapt to the situation on the ground is stressed by almost all interviewed people, which is expected given the nature of the work. Flexibility and the ability to make decisions according to the particularities of each context are fundamental when working with people.

## 2. Challenges faced by the team

### 2.1. Greatest needs of the displaced

N.N. believes that the greatest need of all beneficiaries was love. Although they have been given food, money, clothes, shelter, even Romanian language lessons or jobs, *people don't pay much attention to them and they feel it.* She continues, saying that the beneficiaries *need to be appreciated, they need to be encouraged, they even need friends here, because many have come with only part of their family; they have lost their friends, their family, they don't know each other anymore and they need to know that, being in a foreign country, someone cares about them and someone is close to them.*

L.M. believes that the needs of beneficiaries were *all the needs in Maslow's pyramid*.

F.C. states that the greatest needs of the displaced were medical services, finding housing and integrating their children into Romanian schools and their parents into the labour market. L.P. also believes that medical needs were the greatest.

G.C. points out that *there are different needs and different interventions are needed.* Further on, she presents other needs not mentioned by the other specialists. *Some mothers needed someone to stay with the children so that they could work. They needed assistance at different institutions, where they were not welcomed because they did not know the language. In some cases, with very serious illnesses or where certain rare medicines were needed, we could not get them (especially in the case of oncological diagnoses).*

M.C. points out that at the beginning of the crisis, *the biggest needs of displaced people were hygiene products, thick clothes and food. Some families with young children needed prams.*

F.B. points out that *one of the greatest needs of displaced people was the need for security and stability. They had experienced significant trauma and loss and needed a safe environment in which to take refuge and rebuild their lives. They also needed assistance in accessing essential resources such as shelter, food, healthcare and legal aid.*

R.P. believes that learning the Romanian language and *integration for empowerment* are the most important.

A.C. stresses that displaced people *need a community, a framework in which to form relationships based on trust*, but recognizes that this takes *time and resources*. As an example of success, she points to the displaced people community in the Rm. Vâlcea / Băile Olănești / Ocnele Mari, where there is a *fantastic community: they help each other, they get on very well with our team*. This was possible because there was *the right context for them to make friends and feel safe*. She points out that the need for safety was the greatest need of the displaced at the beginning of the crisis. *In Vâlcea, for example, when an influx of displaced people came, brought by some NGOs from Ukraine, who brought people mostly from newly liberated territories, this was their first need: safety and trust (of course, after physical needs).* She believes that, before pushing them towards integration into Romanian society, we should give the beneficiaries time to settle in – *enough time to feel safe and on their feet, so that they can take a step towards integration.* She underlines the fact that she has witnessed *extremely successful cases of children integration in Romanian*

*schools, in state education,* but also *extremely unfortunate cases in schools – because of bullying, because of language, because of the lack of a structure for them.* While agreeing that *no one had been prepared for this situation*, she still blames some schools for refusing to integrate them. She points out that *integration remains an essential need for them, especially if they are to spend more time in Romania.*

### 2.2. Evolution of the needs of the displaced

N.N. shows that, at first, displaced people *badly needed a place to stay, food, money, jobs, Romanian courses, but along the way these things were fulfilled. Most of them started working and supporting themselves and now there is no need for it, because they are on their own feet. What remains is to have someone close, to encourage them, to appreciate them.*

L.P. considers that, due to the changes in the law, now the greatest need of beneficiaries is that of professional counseling for insertion on the labor market.

G.C. points out that at the beginning of the crisis, *first aid items, clothes, etc. were being sought.* Now, however, resources specific to long-term stay are being considered: *furniture, prams, etc.*

M.C. points out that the needs of assisted people have changed depending on the time spent in Romania. People who decided to stay for a longer period looked for work, a kindergarten for children or long-term accommodation.

From the psychologist's perspective, L.P. shows that*, if at first, they were reluctant to access psychological services, in time they trusted and asked openly for these services as well.*

F.B. also says that, as displaced people found a permanent place to live, their needs evolved into needs for training, social integration, support in obtaining a job and assistance in establishing friendships, etc.

R.P. considers that, *if shelter and material support were needed in the beginning, in the long run there is a need to develop autonomy through employment and social integration.*

A.C. notes that needs have changed with the modification of the 50/20 program (the program through which the authorities offered 50 lei per day per person for accommodation and 20 lei per day per person for meals). Now, obtaining financial aid from the state is conditioned on the integration of adults into the labor market and children into the education system. In this context, she shows that there is a greater demand for integration, for Romanian language courses, for finding a job for teenagers who finish high school, for scholarships at Romanian universities, etc. – everything that means integration and their insertion into our society. However, she believes this change was one for which displaced people were not prepared.

A.B. shows that the needs of displaced people have changed depending on the stage they were in. When the war began, their need was to find a place to stay, a country to go to. Then there were the essential goods, such as baby products or clothes. Subsequently, their needs transformed: they needed medical services (family doctors, medical investigations, medicines and treatment for chronic diseases etc. They also needed food and hygiene products. *All of these became acute needs at some point,* she says.

## 2.3. The greatest challenges in assisting displaced people

The language barrier seems to have been the major challenge in assisting beneficiaries, being mentioned by both N.N., L.M. and L.P. The over-supply, the crowding of NGOs in certain shelters, is also mentioned. N.N. points out that *there were weeks when no children came to our activities, because they thought that NGOs offering yoga or dance classes were much more attractive.*

L.M. argues that maintaining confidentiality, a fundamental principle in social work, has been compromised in this context because of the need for translation. She also recalls the difficulties related to cultural differences, since before the war she knew nothing about Ukrainian culture, *about what they are like as a people.*

F.C. considers that the biggest challenges were the medical problems of some of the beneficiaries – *untreatable diseases that required constant and financially demanding medical interventions*.

G.C. believes that gaining trust has been the biggest challenge. *Because they went through unfortunate events, some had a harder time opening up*, she says. A.B. She says that, at first, displaced people *came to a foreign country, in a totally new environment, very scared of what they saw and lived there. Manifestations of trauma were still very strong. They came to Romania, the whole country opened its doors to them, but it took a while to be able to understand this help, accept it as it is and trust to open up. Psychological services were not well received at first, because they thought they didn't need help. They talked to each other, tried to support each other, thinking they were the only ones who could understand each other, because they were living the same story and the same drama. Later they realized that we were there to help, to listen to them and find solutions with them, to explain to them that they could have access to in Romania and things began to relax*.

From the translator's perspective, M.C. says: *I felt like I was working at a call center around the clock. The calls didn't stop and I felt like people were desperate to be helped there and then... And sometimes that was beyond my power.* Another important aspect was to warn them about the various people who might try to deceive them.

As a psychologist, F.B. points out that *one of the biggest challenges I've experienced working with displaced people has been to address trauma and give it a safe space to express and process it.*

A.C. points out that there were complex situations that put the team in difficulty. She says: *the biggest challenges were, of course, with the most difficult, the most serious cases. There are people who come with some extremely tough stories from Ukraine, so there you need more resources, it is not enough to cover basic needs. You need long-term interventions, you need a fantastic community of support, you need to be able to guide people if you want to help them and do it on their own terms and when they are ready, if you want to help*

*them. This was the biggest challenge, along with interventions for teenagers. They were extremely difficult, especially in the case of those who witnessed violence, deaths in the family, were assaulted, etc. Our project aimed to provide that basic, slightly superficial and general psychological support. The fact that deeper interventions were needed put us in difficulty.*

## 3. The impact of working with the displaced on the members of the team

### 3.1. How were the specialists impacted by the work with the displaced?

N.N. states that she was not affected negatively, but positively, because working with displaced people helped her *interact with other people, with another culture, to know them better.* Neither L.P. nor G.C. feel they have been adversely affected. G.C. says: *Having my parents in Ukraine myself, I had a better understanding of what displaced people were going through. Probably because my family has been fining all this time, I haven't been affected either.*

L.M. shows that she was emotionally negatively affected. She continues: *At least in the first months of the war it was very hard. And, in the first months, they were also very affected. After that, they got used to it, we got used to it too. But in the first few weeks they were crying all the time, all the moms. I was trying to get them out of the state they were in, to take a walk, but it was really hard.*

F.C. says that at the beginning of the project she was emotionally affected to some extent *because the people I met were grieving about the start of the war*. However, over time, as she provided support to beneficiaries, she was not as negatively affected anymore, as she saw their joy. *Indeed,* she confesses, *there were moments of weakness, but not in the long run.*

M.C. shows that *the impact of the activity with displaced people was felt immediately when fatigue took its toll or when anxiety set in. But at the same time, I became much more empathetic and had a growing desire to help, which generated motivation.*

Although she believes she has acquired valuable professional experience, F.B. confesses that she also went through difficult emotional states

*due to direct contact with the trauma of war*. Still, she says, *it was extraordinary to see the power of human resilience and how man can adapt to the most severe living conditions and therefore become stronger.*

R.P. says she has become more aware of the *fragility of humanity's balance.*

A.C. recalls: *I learned a lot and it reminded me how lucky I am not to be in a country impacted by war. Of course, it affected me and made me reconfigure the way I work. I can't say that I radically changed my approach, but there were things I would have done differently in other conditions, but I had to do them a certain way now, precisely to adapt better to working with displaced people. This is not the first time I have worked with displaced people, but it is the first time I have worked with displaced people who have arrived from the midst of conflict.*

Finally, A.B. emphasizes that *working with trauma is not only difficult for the person recounting their trauma or trying to ask for help, but also for specialists who are exposed to a large amount of traumatic material in a short period. It is impossible to stay the same after hearing so many stories of grief, loss, renunciation. But the fact that we were able to talk to each other, as specialists, we had supportive meetings, this helped a lot.*

### 3.2. Long-term effects on the specialists

N.N. states she was very emotional when she began working. When interacting with displaced people, she couldn't control her crying. Being exposed to the painful stories of children in shelters, hearing about how they fled the war, she began to cry and fell into a state of near depression. Later, however, she says she managed to calm her emotions and set clear boundaries between her professional and personal life.

L.M. says empathizing with displaced people affected her. Although she empathized with other categories of beneficiaries she worked with in the past (children in difficulty and disadvantaged families), this time the impact was stronger. The situation was also different from a legal perspective, as the *procedures were much clearer with other categories*, but *with the Ukrainians it was difficult until we had a clear framework. We had no tools, nothing,* she

says. *We implemented everything from talking to them. For me it was easy, because the basic needs were covered from the beginning by our NGO (through sponsorships, donations, etc.). On the emotional and medical, social side, it was the hardest.*

G.C. shows that she has gained *knowledge about what needs a displaced person would have and how to help such a person*, things that can help her in the future.

F.B. noticed that, in the long run, her experience working with displaced people made her more resilient and adapted to difficult situations. She also learned to better manage the negative feelings that arose when listening to stories about the horrors of war.

A.C. shows that*, in the first months, the whole team was in a big burnout, everyone was extremely stressed, nobody slept, everyone cried out of the blue during the meetings. It was stressful, but I can't say it was depressing. There were situations that caused us a lot of sadness and of course it affects you emotionally to work with certain cases, to hear certain stories, but, at the end of the day, we are prepared – someone also dealt with our emotional state, so as not to influence our ability to respond properly to their needs. I think the long-term effects are positive, considering that the period of adjustment and huge stress is in the past.*

As a professional in the field of psychotherapy, A.B. recognizes when manifestations associated with trauma also occur in personal life. During these months of intervention in the crisis, she noticed these manifestations. She says: *At some point, as a specialist, you may face secondary trauma. The perception of the world and life changes: you begin to realize that there is a lot of cruelty, that people are capable of a lot of evil, and that it is important to be more attentive to these things, to know how to protect yourself, to know how to ask for help: essential things to get out of such a situation.*

It can be seen that the responses received were mixed. Some interviewees confessed that they were negatively affected emotionally, but emphasized the positive aspects of their work. Others said they were not negatively affected at all. This can also link to: the moment when the subjects

of the research started working with displaced people, and whether they were part of crisis response teams in the early part of the war or later, when services were already more standardized and the basic needs of the displaced were covered. At the same time, the close links within the teams and the support offered by colleagues and superiors seem to have played a protective role in this respect.

### 3.3. Personal development as an outcome of working with displaced people

All people interviewed said that working with displaced people had been useful for their personal development. N.N. remembers having to use English a lot, which she understood but did not speak before, as she was afraid of making mistakes. *I was forced to speak,* she says. *I was put in situations where I had to translate people who spoke English very well. At the same time, I was put in situations where I had to rely on myself only and then think about what to do, to stop thinking that I was incapable and to see that I had to take the reins and have more confidence in myself.*

L.P. says that she grew by learning a lot of new things about Ukrainian culture and how Ukrainian state institutions work, through discussions with beneficiaries.

F.B. believes that working with displaced people has helped a lot in her development as a person. From an emotional point of view, she learned to cope with the vulnerability of the people around her in order to provide the safest and most effective services for them.

G.C. says: *I've learned to interact more with people and jump in to help. Maybe in the past I used to sit on my bench and think I couldn't do much. After this experience, I learned that I can do something. I have power and I just have to get involved.*

M.C. believes that working with displaced people has made her more sensitive to the needs of others and a better listener. At the same time, she says this work has reminded her that she should value peace more and be more grateful for everything she has.

L.P. says that working with displaced people has helped her understand that the *unpredictable is very close at all times* and that she has to be prepared *for anything, anytime*.

F.B. believes that working with displaced people has helped her develop as a person in many ways: she has become more empathetic, more resilient to stress and more creative in finding solutions.

R.P. says the project she coordinated was the first big project she managed and that she learned a lot from this.

A.C. also says that working as a project manager has helped her develop as a person enormously. She says: *I've done things I never thought I could do. I didn't think I was capable of pulling myself together and organizing myself so well to help so many people – even at the cost of my own well-being. But I think it was worth our months-long burnout to help them. Their crisis situation was now here and we had to act.*

A.B. believes that *working with displaced people or people going through trauma opens you up, develops your ability to be there, to be present, to try to find solutions for someone in need. We will certainly keep these experiences with us for a long time.*

## 4. Suggestions and recommendations from interviewed experts

At the end of the interviews, the subjects were asked to provide recommendations for authorities or NGOs in the humanitarian sector regarding specialists providing social services. L.M. says that more training would be needed, as well as supervision. (On a sad note, she says that *on the legal side we don't have what recommendations to make, because the authorities don't pay attention to us*.) F.B. also believes that professional courses and workshops on the subject of displaced people assistance should be offered. This is also the view of A.B., who believes that *NGOs should take care of the professionals who provide social services to displaced people, provide them with support and training. Perhaps some workers are dealing with this category of beneficiaries for the first time and, as such, they need guidance and mentoring,*

*so that they can take care of themselves as well as those they serve.* L.P. also believes that *NGOs should support field professionals more and offer them more benefits, because the work they do is titanic.* R.P. points out that a more rigorous recruitment process should be implemented, not under time pressure, as it has been in these months of crisis, when staff selection could not be carried out as carefully as in other circumstances, as many people were needed for the emergency response. She also shows that teams need more support, training and psychological support *to manage the emotional burden of working with traumatized people.* M.C. recommends NGOs to create teams made up of various specialists, as sometimes a team composed only of a social worker, a psychologist and a translator is not enough to cover all the needs of displaced people.

G.C. believes that the authorities should help professionals, to *open more doors for them*, so that bureaucracy would no longer be an obstacle in their efforts to help displaced people. *For example*, she says, *those with disabilities could not benefit from social services in Romania*. A.C. believes the authorities need to communicate better with NGOs that have experience in the field. She says: *NGOs communicated very well and mobilized themselves extremely quickly, complementing each other in the services they offered. In contrast, representatives from the government were not always present in NGO working groups, and when they were, they were not always well prepared or aware of what was going on.* She also points to two other areas for improvement in the work of state institutions. On the one hand, *in the case of unaccompanied minors, although this is the responsibility of the Social Welfare, things are not done "by the book". Minors are not followed up, they are not clearly registered in a system and I felt a reluctance on the part of the Social Welfare because they are not prepared: they have no translators, no staff, no clear action plan.* On the other hand, decisions from the authorities are sometimes rushed. *The first draft of the amendments to the 50/20 programmed was strongly contested by all the NGOs that took part in the debate. Government officials did not know many things. Some changes were made as a result of that debate, but the whole*

*process caused delays, uncertainty, confusion and stress for displaced people, which could have been avoided.* In the end, however, she reiterates that the whole humanitarian crisis situation was one that nobody expected and nobody was prepared for. *Everyone learned along the way*, she concludes.

## Conclusions, limitations of the study and future research directions

Many phenomena seem unimaginable until they occur. Such was the case with the invasion of Ukraine by the Russian Federation. Europe watched in shock as a war broke out on its territory in a way it thought it would never happen again. The humanitarian crisis created by this conflagration was massive. Millions of people have been displaced within and outside the borders of Ukraine. Some of them have arrived in Romania, initiating an impressive humanitarian response from ordinary people, NGOs and the government. One can say that, while a nation was going through a huge collective trauma, the surrounding nations were facing the effects of secondary trauma.

In presenting the differences between their work at the beginning of the war (or at the beginning of their involvement in the humanitarian response) and the present time (May 2023), the subjects of this research noted a decrease in the number of people in need, but also an evolution in their needs. While in the beginning their primary needs were among those at the bottom of Maslow's pyramid, at the time of the research their needs were related to the integration into the host society. The interviewees also talked about how they managed to balance their professional and personal lives and cope with the strong emotions caused by exposure to trauma. Every subject of the research emphasized the need to adapt to the situation on the ground when responding to such a crisis situation, the imperative of flexibility when providing aid to fellow human beings in need.

The needs of the displaced people, as identified by interviewees, were very diverse, including food, shelter, financial resources, clothes,

medical services, education, integration into society, etc. The challenges encountered in providing psycho-social services were many, ranging from language barriers to chronic illness, lack of resources, difficulty in gaining trust and staff burnout. However, the happy memories outweighed the sad ones. All subjects of the research reported that the experience of working with displaced people helped them to develop greatly as individuals and as professionals, and spoke of strong feelings of personal and professional fulfilment.

The research was limited by the small number of subjects, but also by its qualitative aspect (the advantage of which is the possibility to delve deeply into the experience of the interviewed, but which suffers from the disadvantage of not providing quantifiable data). The results of the research may have been influenced by the timing of the data collection, which took place more than a year after the start of the war. Some subjects of the research were still working at the time of data collection, while others were no longer working in the same field. Also, not all interviewees had been working in the field since the early days of the war. All these variable elements are likely to have influenced the type and intensity of emotions experienced, the experiences lived and the ability to recall them. Finally, only women were interviewed. Further research may consider investigating potential differences between female and male perceptions of work experiences in this field.

The research results draw attention to the need for support for professionals working in this field. Social workers, psychologists, translators and all others involved in working with trauma survivors face many challenges, and authorities and NGOs need to provide them resources to be able to recover and grow personally and professionally. Further research may provide relevant and useful information to social policy designers within government and/or NGOs on what can be done to support professionals in this field. Yet, beyond the measures that these institutions can and will take, it is essential to familiarize individuals with the occupational

risks associated with their chosen field of work and the resources available to manage them successfully. Each humanitarian worker needs to identify the vulnerabilities that their work creates and to develop healthy coping habits and strategies to help them rebuild their strength and develop as a balanced human being and as a professional, so that they can lead fulfilling lives and be of service to as many people as possible, as they set out to do when they chose this line of work.

## ANNEX
## Interview Guide

Section I – Identifying the way the team worked together

- Which services did the multidisciplinary team provide?
- How did your work look like at the beginning of the war? What about now?
- Do you think a different type of expert was needed in order for the team to provide a complete package of services?
- Was it necessary to update the intervention plan in order to adapt to the situation on the ground? How?

Section II – Challenges encountered by the multidisciplinary team

- Which were, in your view, the greatest needs of the displaced?
- How did the needs of the beneficiaries change over time?
- Which were the greatest challenges you encountered in your work with the displaced people?

Section III – Impact of working with displaced people on multidisciplinary team members

- How do you feel the experience of working with displaced people has affected you?
- What long-term effects have you noticed on yourself?

- Do you feel that working with displaced people has helped you develop as a person? In what ways?

Recommendations

- What recommendations would you make to authorities/NGOs in the humanitarian sector regarding their approach to professionals providing social services to displaced people.

# Particularities of Antisocial Behaviors in Young Adults Who Have Been Institutionalized in Placement Centers in Romania: A Sociological Approach to Deviance*

*Claudiu* LINGURAR**

**Abstract.** This article presents a brief qualitative research involving a total of 10 subjects, former beneficiaries of placement centers in Romania, located in various cities across the country. The main purpose of the research is to identify and explore the risk factors associated with the adoption of antisocial/deviant behaviors by young adults who have left placement centers following the cessation of special protection measures. The methodology specific to qualitative research was employed for this study. The methods used included semi-structured interviews, document analysis, and the observation method. The instruments used comprised the semi-structured interview guide, the document analysis grid, and the observation grid. The research focused on gaining a deep understanding of the subjective interpretations that research participants attributed to their life experiences.

***Keywords:*** *youth, placement center, protection system, deviance, crime.*

## 1. Child Protection System in Romania: History and Current State

The first legislation in Romania regarding the protection of temporarily or permanently unsupported minors was published in 1970. *Law 3/1970* supports, almost entirely, the institutionalization of minors as a form of

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social protection. In this regard, the so-called "mammoth" centers emerged in Romania, mainly providing accommodation, food, and education for approximately 200-300 minors. The legislation did not provide for the separation of minors with mental problems and special needs from those who did not have such difficulties, so at that time, no specific and individually tailored services were offered to children. In relation to the number of minors (beneficiaries of the system), the staff was insufficient and unprofessionally trained. This type of institution can easily be compared to the total institutions discussed by *Goffman (2003)* in his work titled "Asylums," where total institutions are defined as psychiatric asylums or penitentiaries. The comparison is evident from the following perspectives:

- **Total control:** Institutional staff have the authority to oversee every aspect of an individual's existence, including managing the meal program, establishing rest periods, monitoring social interactions, and regulating how beneficiaries of the institution allocate their time.
- **Redefinition of identity:** Internment in such an institution involved relinquishing certain values and beliefs and adopting those specific to the institution's norms.
- **Institutional routine**: Beneficiaries engaged in meticulously scheduled activities within a repetitive, daily framework. The institution provided a routine framework for its residents.
- **Social isolation:** Institutionalized individuals lost contact with friends, family, and, implicitly, the outside world.

Certainly, after the 2000s, the protection system underwent significant reform, leading to the emergence of the first family-type homes and placement centers. The number of institutionalized minors in such institutions decreased considerably, reaching a maximum of 12 beneficiaries per center according to current legislation. Other changes related to the reform of the system were associated with the educational approach for those living in institutions: children and young people benefit from education in mainstream educational units. Changes also became evident

concerning human resources, and ultimately, the number of educators was adjusted to the needs of the institutionalized: for a group of 12 beneficiaries, there are 5-6 educators working in shifts of 12 hours each. Currently, there are minimum quality standards for residential centers regulated by *Order 25 (2019),* which stipulate that beneficiaries have access to three meals a day, individual spaces for personal belongings, school supplies, and even a monthly allowance of 150 lei. According to *Law 272/2004*, children and young people temporarily or permanently deprived of family care who have not reached the age of 7 can be placed in families where there is a foster parent contracted by Child Protection System's through an individual employment contract. For those who have exceeded the age of 7, institutionalization in residential centers can be considered. They can benefit from protection services in one of the forms described above until the age of 26 if they are pursuing full-time education. They can benefit from the same services until the age of 20 only if they are employed with an individual employment contract. Recently, the legislation has been modified by the introduction of *Law 298/2023* amending *Law 272/2004*; therefore, Article 55 of this law undergoes changes regarding paragraph (2). Upon the request of the young person, expressed after attaining full legal capacity, if they continue their studies once in each form of education provided by law, special protection is granted, under the conditions of the law, for the entire duration of their studies, without exceeding the age of 26. Another valuable modification aimed at supporting deinstitutionalization relates to the same legislation, amending Article 129, at paragraphs 4.1 and 4.2: "(4^1) Young people for whom a special protection measure has been established have the right, upon leaving the special protection system, regardless of the exit time, including in the situation where they have opted to continue it under the conditions of para. (4^2), to a one-time allowance, the amount of which represents three times the value of the minimum gross base salary guaranteed in the country, established according to the law. (4^2) Young people who have benefited

from a special protection measure established under the law and who prove that they are pursuing a form of education provided by law or have a job can opt to continue the special protection measure under the conditions of art. 55 para. (2) or (3) or to receive a monthly allowance of 4.8 ISR (social reference indicator) until the age of 26. The option can be expressed only once, regardless of the time of exit from the social protection system."

In common sense translation, the introduction of these two paragraphs implies that young people who have reached the age of 18 and decide to leave the placement measure in a residential center or with a professional foster parent have the right to a one-time allowance of 9,800 lei at present, equivalent to three minimum wages (prior to the changes, the amount was calculated as the equivalent of a single minimum wage). For those young people who give up the placement measure and decide to continue their studies or get a job, a protective measure has been established, offering a monthly allowance until the age of 26, currently totaling 2,830 lei.

From a legislative standpoint, significant changes are observed regarding the functioning of placement centers and even the deinstitutionalization process. At the legislative level, the system appears to be in a healthy state that tends towards evolution. However, for a better understanding of the institutionalization phenomenon and beyond, it is necessary to focus our attention on the system's interior, on the experiences it offers to the institutionalized and the professionals involved. Currently, there are not enough studies conducted in Romania presenting the child protection system from the perspective of the institutionalized, let alone relevant research that brings to society's attention the main issues regarding the deinstitutionalization process. In the specialized literature, we find the work "Effects of Institutionalization" *(Onica-Chipea et al. 2008),* in which they present information about how young people relate to the institutionalization experience. From the perspective of deviance/delinquency, behaviors such as drug and alcohol consumption, prostitution, homosexuality, theft, physical aggression, sexual abuse, psychological abuse,

and others are identified. What is important to note is that few of those who grew up in the system formed attachment relationships during the institutionalization period.

Attachment issues are frequent among these individuals, especially among those who have been institutionalized in the 0-3 age range (under current legislation, children under 7 cannot be institutionalized in a residential center, and an alternative protection form—foster care—is applied to them). This period is extremely delicate regarding attachment. The lack of attachment or the inability to create and maintain connections with others is considered by researchers to be a specific characteristic of the institutionalized *(Bakermans-Kranenburg et al. 2011).* Referring to the institutional environment, we observe that the main activities carried out are not related to the development of independent life skills. The same previously mentioned study shows that entertainment and sports are the most frequent occupations of the institutionalized, with a focus on education and the future being almost nonexistent. The concerns and activities of young people during the institutionalization period are of interest because they are elements that build and shape their future. Specifically, involvement in educational activities increases the chances of young people integrating socio-professionally in adulthood *(Foca & Bejean, 2020).* A report by *Sos Satele Copiilor (2020)* shows that very few of those leaving placement centers have accumulated significant educational capital to be their main tool in finding stable and decently rewarded employment. The lack of education becomes an obstacle not only in terms of employment but also reflects in other areas of life for those who have been institutionalized, such as identifying and maintaining a home. The study showed that most young adults leaving placement centers have been found in apartments they rent and live together, generally with about 7-10 people in a 2-3 room apartment. Another part of the young adults' state that they live in the partner's/family's house, and only a small portion of them have managed to rent or buy a house of their

own. Another research conducted by the non-governmental organization *Desenăm viitorul tău (2016),* where the target group of the research consisted of 979 institutionalized young people from different cities in the country, shows that only 25.2% of those interviewed feel prepared to face the challenges that will arise once they have full responsibility for their own lives.The data are worrying and allow us to hypothesize that if young people do not integrate socio-professionally, they will engage in the opposite side of pro-social behaviors, namely involvement in criminal actions, which, to some extent, will respond to needs for belonging, housing, financial support, and others alike. The same research also shows other issues regarding the system's interior, such as abuse by staff towards center beneficiaries, abuse within the group of institutionalized peers, and other similar issues. Regarding post-institutionalization monitoring, we do not have many official data because the law does not provide for such monitoring. Regarding accessing post-institutionalization services, such as counseling, finding a home, identifying employment, or others, it is difficult for young people to interact with state institutions, especially because during institutionalization, the social services provider was the intermediary between young people and institutions. As a result, many young people find institutions intimidating, partly because of bureaucratic processes they do not understand and partly due to unpleasant experiences they had with center staff during institutionalization. In this sense, we bring up the lack of trust that young people have in institutions and their intentions concerning them. Although the child protection system has undergone changes that, to some extent, support the proper development of children and young people, there is a need to reframe certain aspects related to the education of young people, center staff, preparation for leaving the institution, and even the inventory and monitoring of those leaving care centers at adulthood.

## 2. Deviance and criminality: Explanatory theoretical models

A review of deviance theories is crucial for understanding the criminal manifestations of young individuals leaving placement centers. Analyzing these theories supports the research process by providing diverse perspectives on the social, psychological, and institutional factors contributing to deviance. These theoretical frameworks enable us to identify influences that may lead to behavioral deviations and, based on this understanding, develop appropriate strategies for the reintegration and support of these vulnerable young individuals.

### Social control theory

Travis Hirschi develops this theory in his work "Causes of Delinquency" (1969) and later supports it through rigorous research that validates its principles. In practical terms, he argues that involvement in antisocial behaviors is inversely proportional to the strength of an individual's relationship with society. Where young people have formed bonds with society during childhood, they are less predisposed to engage in criminal acts compared to those who have failed to establish such connections. *Wiatrowski (1978)* This theory focuses on different techniques and strategies that guide human behavior toward conformity or compliance with societal rules. It contends that if young people growing up in placement centers have strong ties to society—such as friends, school, moral values, and loved ones—the likelihood of engaging in antisocial behaviors decreases. By violating norms, they risk losing relationships with those around them or jeopardizing their future plans. Social control is essentially a mechanism through which society regulates the behavior of its members. This process involves defining what constitutes deviant or acceptable behavior, establishing correct norms, and determining actions considered wrong or law violations. Therefore, the more aligned young people are with social norms and rules imposed by society, the more likely they are to respect them and engage in conventional, pro-social actions. The theory

has been developed and studied from both a macrosociological and micro-sociological perspective. On a macro level, it examines the legal system, its enforcement methods, and similar aspects. On a micro level, as in the macro perspective, it explains individual conformity and emphasizes that the source of control is external to the person, with the micro approach focusing on informal systems like friends, family, and other relationships.

The concept of social bond is the key element of this theory, referring to the individual's connection to society through its existing institutions. The connection between the individual and society is realized through four elements:

- **Attachment:** Bonds to parents, teachers, and peer groups.
- **Commitment:** Rational component of social interactions, involving the evaluation of costs and benefits associated with engaging in prosocial or antisocial behavior.
- **Involvement:** Individuals engaged in various conventional activities become too occupied to dedicate time and energy to deviant activities.
- **Beliefs:** Acceptance of societal values by individuals.

These elements collectively form the social bonds that act as a control mechanism, influencing individuals to conform to societal norms and engage in pro-social behaviors. Hirschi emphasizes that these norms, laws, and values are viewed by society members as mere words lacking significance unless backed by other forms of social control. However, individuals may still violate norms and values they believe in under certain circumstances due to the rationalization process *Poledna (2016).* This theory provides a framework for research, aiding in the understanding of the relationship between institutionalized individuals and the institution's personnel or their families, on one hand, and, on the other hand, it allows the exploration of the relationship between young adults and their peer groups, i.e., other institutionalized individuals. Another area that requires analysis is the educational sphere, examining the relationship with educators and peers in educational institutions. Simultaneously, the theory

facilitates the analysis of young people's perceptions of societal norms and values.

## Neutralization theory

*Gresham M. Sykes and David Matza (1957)* focus their theory on understanding how individuals can justify the antisocial behaviors they commit. Delinquent youth seek to mitigate or even eliminate the feelings associated with criminal or antisocial acts (guilt or shame) by using certain neutralization techniques through which they rationalize their inappropriate actions. These techniques are essentially psychological strategies used by individuals to justify their actions to themselves and society. The frequently used techniques include:

- **Denial of responsibility:** Youth attribute responsibility for antisocial behaviors to external factors, such as a dysfunctional family environment, institutional unpreparedness for independent living, or the negative influence of peer groups.
- **Denial of injury:** Youth can rationalize antisocial actions and thus minimize the harm caused, changing the interpretation of their own actions.
- **Denial of the victim:** When youth acknowledge the harm caused, they may invoke circumstances that absolve them of guilt, even by arguing that the victim deserves the consequences (harm).
- **Condemnation of the condemners:** Youth will blame authorities (most commonly social protection institutions) and other individuals who play a role in the social control system, shifting the focus from their own deviant behavior to the behavior of those who criticize them.

Neutralization techniques allow those who have been institutionalized to maintain a positive self-image; thus, they are mechanisms of self-justification. The theory identifies and explains how delinquent youth cognitively manage moral conflicts directly related to their actions.

## Differential association theory

The theory was developed by criminologist Edwin H. Sutherland, who sees social interaction and association with individuals as key factors in learning antisocial behaviors. Four key points are identified within this theory:

- **Learning through interaction** – if young people from placement centers associate with individuals who promote deviant values and norms, the probability that they will adopt and exhibit criminal behaviors increases due to this type of interaction.
- **Differential associations** – institutionalized individuals who spend time with deviant associates will adopt deviant behaviors depending on the degree of influence these deviant associates have on them. In practical terms, if young people have relationships with other members of society who have a strong influence on them and commit antisocial acts, eventually, the young people will also commit similar acts.
- **The process of differentiation** – individuals differentiate between prosocial and antisocial behaviors and learn techniques and arguments to legitimize their own deviant behaviors. Ultimately, this process helps them justify their actions.
- **Relationship with social norms** – if young adults perceive social norms, especially those condemning certain behaviors as weak or even contradictory, they are more predisposed to manifest deviant behaviors.
- **Duration and frequency of associations** – if young people during institutionalization, but also afterward, spend a lot of time in deviant associations that are frequent, they are most likely to adopt deviant behaviors from within these associations. *Gavriș (2015).* Differential Opportunity Theory, developed by Felson and Cohen, highlights the role of the interaction between individuals and opportunities for committing antisocial acts and provides a perspective on delinquency.

In large part, deviant behavior is explained by emphasizing environmental factors and opportunities. If the environment in which young people live offers opportunities for engaging in criminal actions, the chances of them committing deviant acts, such as destruction, theft, and others, increase. *Banga (ND).* In the same vein, *McFarlane (2017)* distinguishes two types of opportunities:

- **Education-related opportunities** – where opportunities for learning and education for young people reduce the chances of adopting criminal behaviors.
- **Labor market access-related opportunities** – stable employment after leaving placement centers favors the engagement of young people in conventional actions, aimed at supporting their integration into society."

## Frustration Resistance Theory

The theory is also known as the 'containment theory.' The author of the theory is W.C. Reckless, and it proposes a reconciliation of psychological and sociological perspectives. The theory presents the connection between the psychological mechanisms of frustration and aggression involved in adopting antisocial behaviors in young people.

According to the theory, a significant portion of delinquent behaviors in young people leaving social protection institutions is born and sustained by emotional disturbances between them and their social environment (placement centers during institutionalization and the communities they belong to during the post-institutionalization period). Additionally, the theory highlights the discrepancies between the individual characteristics of young people (age) and the peculiarities of a social environment that is either inadequate or unprepared to support young people in facing different challenges. *Bodareva-Solomon (2018).* Young people leaving protection institutions and starting an independent life have needs, desires, and expectations (finding housing, well-paying jobs, etc.). Due to the social

environment, low educational and financial capital, many of these cannot be sustained, and the result will inevitably be frustration, contributing to increased aggression and, consequently, the manifestation of socially unacceptable behaviors.

## Labeling Theory

This theory is found in the specialized literature under the name of Labeling Deviance Theory or Stigmatization Theory. The theory emphasizes the role of social labels in transforming members of society into delinquents. Specifically, it presents a framework in which young people in placement centers anchor themselves in deviant behaviors based on how they are perceived by other members of society and by society itself. *Bulai (2009)* highlights the key elements of this theory:

- **Labeling as a social process** – it emphasizes the idea that antisocial or deviant actions are not inherently malevolent; rather, labeling them as such by members of society gives them a "malevolent" character. Thus, deviant acts can be called deviant only when labeled in this way. For example, if adolescents in a family become aggressive, consume drugs or alcohol, or associate with groups with antisocial values, there is a probability that their families will consider these behaviors as typical of their age and, in line with this belief, offer support to overcome the stage. On the other hand, the same behaviors exhibited in adolescence by those in institutions will be seen as deviant acts that require punishment, through which the label of delinquency is attributed.
- **The role of agents of social control** – if social agents such as the police, the judiciary, teachers, parents, friends label young people during institutionalization as deviant (incapable of work, unable to attend school, incapable of making friends with others), these labels can become self-fulfilling prophecies, ultimately causing young people to assume the labels and behave accordingly.

- **Stigmatization and self-fulfillment** – with the label of deviant (child from the child protection center, orphan, incompetent, offender), stigmatization occurs, referring to how the individual is perceived and treated by others. The person who receives the label and is treated by others based on the assigned label will eventually adopt behaviors specific to the label and the way they are treated.
- **Reactions to labeling** – Some of those labeled will internalize the label, and some will reject the label, making efforts for their own integration/ reintegration into social standards. The cycle of labeling – the labeling process continues even when the individual eventually ceases or reduces deviant behaviors.

## 3. Qualitative Research and Obtained Results

The research involved a meticulous and at times challenging process, starting from building the theoretical framework to creating a research design suitable for the studied theme. To identify subjects, the snowball sampling technique was utilized, involving the identification of a group of researched subjects that meet the selection criteria, followed by expanding the selection through recommendations or referrals made by these subjects. This technique was chosen because difficulties were encountered in identifying a representative number of subjects for the studied topic, considering that the researched subjects are part of a less accessible group with particular characteristics. The research involved conducting interviews with a total of 15 individuals, adults who have exited the child protection system. The interviews had an average duration of 50 minutes and were conducted face-to-face with some subjects, as well as through various communication platforms such as Facebook, Zoom, Whatsapp. It is important to note that although the initial research process started with 15 subjects, the research results contain data collected from a total of 10 subjects. The reduction in the number of subjects was a result of specific situations encountered during the research. Two of the research subjects were under the influence

of alcohol or prohibited substances at the time of the interview, leading to the collection of incoherent information. Three of them did not show up for the data collection stage. Considering that the topics discussed in the interviews could have generated shame, humiliation, or similar internal states, due attention was given to the power dynamics. A space of equality and reciprocity was created, explaining my role in the interviews, emphasizing my neutral position regarding each participant's experiences in the research. The research results are presented in a logical manner, starting from the subjects' lives in the protection institution, their educational journey, and up to the transition to independent living.

## I. Life in the placement center

### The general perception of the subjects regarding the institutionalization experience

This dimension of the research has shown that young adults who have experienced institutionalization generally have a positive opinion about their life in placement centers. We hypothesized that the subjects refer to basic needs such as food, accommodation, and even housing itself when evaluating their life in the institution.

V.B: "I had what I needed... too bad I didn't know how to appreciate it."

M.A: "The food was good, and I got along well with the cook."

R.D: I don't know if I was okay or not, but I know that now I don't have what I had before... Mr. Toma doesn't look for me anymore. He was very cool on his shift, understanding, and he brought us clothes from his boys."

As the interview questions became more specific, it was observed that the subjects, initially, provided superficial information or focused on the basic needs fulfilled by the institutions. They wanted to maintain a positive image of their own experience. This observation highlights the gap between the initial perception of the subjects regarding institutionalization and the real complexity of this experience. Addressing specific

and profound questions facilitated a comprehensive understanding of the individual experience of institutionalization, including subtle and complex aspects such as interpersonal relationships, emotional development, and personal identity.

### Activities Undertaken by Subjects in the Placement Center

This dimension of the study allowed for the exploration of how young adults were socialized in placement centers through the programs and activities implemented by these institutions. A primary issue arising from this dimension is related to the routinization of programs imposed by the centers, which are not tailored to the individual needs of those institutionalized and lack flexibility. Furthermore, even in cases where educational programs and activities promoting prosocial values could be identified, due to the fact that these were not negotiated or designed with the residents, they could not be effectively implemented, as a result of the resistance shown by the institutionalized individuals. In cases where such programs were lacking, main activities were related to household chores, organizing artistic celebrations, parties, and similar events, which can be valuable only when combined with educational activities, such as completing assignments or activities aimed at their personal development. Suitable activities could include financial education workshops, communication workshops, support groups, or what was sorely lacking in the lives of the subjects: psychological, social, vocational counseling sessions, or even psychotherapy.

R.C: "We had a schedule there, from waking up to bedtime, everything was scheduled by the hour, and every day was the same, clearly, I didn't respect anything, neither did I nor the others in the house."

M.B: "Yes, why should I care about activities? I didn't want to do exactly as they said; they didn't ask me, so I did what I wanted (...) even if they didn't let me leave the house during the homework time, for example I just ran away and came back in the evening."

B.D: "We did cleaning, we had many celebrations where strangers came to see us and bring us sweets."

V.P: "In the house, we had a schedule of duties and responsibilities, who had to clean where... they didn't really make us do homework or read... we mostly just hung out... we had New Year's and birthday parties."

Ultimately, the absence of educational and therapeutic activities may increase the risk of young adults leaving placement centers engaging in criminal activities due to a lack of proper support and guidance in managing emotions, resolving conflicts, and developing the necessary skills to face life's challenges.

**Relations with the staff of the center – exposure to pro social models**

Building positive, supportive, and trusting relationships between children in placement centers and their caregivers may represent one of the most important protective factors regarding their engagement in actions that respect societal norms and expectations. Research shows that due to the abuse of power manifested by staff towards young individuals, the relationships between them have been marked by conflicts. According to what the participants mentioned in interviews, they were largely exposed to antisocial models, experiencing various types of abuse, such as physical, emotional, and even sexual abuse. Clearly, with such conclusions, we can understand that for these individuals, it becomes increasingly challenging to build relationships of trust and attachment with adults. The existence of supportive and trusting relationships can increase the chances that young adults will not engage in criminal or antisocial behaviors.

A.G: "I was beaten many times, especially they insulted me or embarrassed me at school during meetings, saying they would slap me, but that's nothing (...) Mr. V (the center's leader) called M (an institutionalized person) into his office and kept her there for a few hours. M told me that he kissed her on the mouth and made her... well, you know."

V.B recalls that around the age of 14, in a moment of nervousness, he hit an educator. He speaks openly and proudly about this moment. The action itself seems to have been a kind of power assertion,

"I gave her two punches (referring to two fists) and showed her that she had gone too far, from here on, she should be afraid and behave, not only her but also the other educators who dared too much." His expression shows that he not only felt the need to respond specifically, in defense, to the act of aggression from the educator but more than that, he felt the need to show his power and thus give a "lesson" that would reach the other educators. He says that his gesture made the educators "fear and behave."

**Peer group relations – exposure to prosocial models**

The peer group and relationships with them represent a crucial aspect in the analysis of this research, considering that after the age of 10, primary socialization models are peers, individuals of approximately the same age. Exploring this dimension allows an understanding of how the research subjects were socialized within the peer group in the placement center. An important aspect emerging from this dimension is the concept of deviant loyalty concerning how they manage to create relationships with each other. Young individuals may sacrifice their own norms and moral values to conform to the group's norms and values to gain acceptance or even protection. This dimension also indicates that the young individuals were not exposed to prosocial behavior models. Relationships in this case were marked by violence, power struggles, and other abuses that evidently lead to the adoption of these behavior models. Young individuals place more trust in those who have experienced institutionalization, mentioning that the perception of life for those who have not lived in placement centers is significantly different from those who have had this experience. In a context where older individuals abuse younger ones, and the younger ones are forced to adopt these behaviors either to protect themselves or to integrate into the group, opportunities for them to exhibit antisocial attitudes and actions arise more frequently, while those related to prosocial values, obviously, decline.

P.A: "We used to run away from home, and we always had someone to cover for us. I also did things for others in the house."

R.D: "If I've learned anything in all these years, I would say that I can only talk about certain things with my peers. Some situations can't be understood by others, such as my schoolmates; they had parents, money, someone to be there for them."

M.B: "I was afraid to go to the bathroom at night; I had to pass by the room of the older girls, and they would beat me, saying I should sleep and not keep wandering around bothering them."

**Subjects' links with society**

Involvement in the community and healthy social relationships can contribute to the development of social skills, a sense of belonging, and positive behavior models. However, the research also indicates that the subjects had challenging interactions with other members of society, contributing to their self-isolation. The research subjects recalled various events that placed them in inferior positions, led to stigmatization, and ultimately diminished their connections with society.

M.A: "We didn't play with other kids because we weren't allowed to go out."

B.D: "I used to work in the village, but people always mocked me, paid me very little, and insulted me. I was a servant, what else..."

R.D: "I used to go to church, and after the service, people would come to me and give me small change. Other kids saw this, called me a beggar and an orphan – they wouldn't play with us, and they wouldn't let us do our homework together."

The issue in these situations is that members of society may not fully understand or know what abandonment represents for an individual and the needs that arise from it. Labeling, stigmatization, and devaluation, as mentioned earlier, are elements that lead individuals to adopt behaviors that are not only antisocial but are expressed through criminal activities. These not only affect the perpetrator but also the community they are part of.

## II. Education and training

### Subjects' general perception of the value of education

As a result of inadequate economic support, research subjects have reduced or even eliminated their school activities in favor of employment or engaging in remunerative activities (informal work), aiming to meet immediate personal needs. This context reveals that research subjects frequently exhibit a orientation toward short-term rewards and are limited in integrating actions that bring long-term benefits to their lives. The subjects attended school, and all of them completed at least primary school. Only one of the interviewees graduated from 12 grades, while the rest concluded their educational journey before the 12th grade, highlighting the lack of professsional qualifications and making it more challenging to identify employment opportunities and earnings that match societal expectations. The subjects downplay the potential of education and fail to attribute significant value to the school institution. On the other hand, experiences of abuse, isolation, and stigmatization within educational institutions contribute to school dropout and, implicitly, engagement in antisocial behaviors.

A.G: "I didn't have money, so I stopped going to school to be able to make money."

P.A: "Working at the bar brought me money; I was paid every weekend."

M.A: "Especially in the 8th grade, I hated going to school; I was their laughingstock. They threw bread and milk at me; I was lucky with N (classmate) who protected me because she felt sorry for me."

B.D: "It's hard for me to remember these things; I've put them somewhere far from me, but anyway, briefly, I got a lot of beatings, and if I fought back, they would call their parents, and since they were gypsies, they would intervene for their children, so, I got beaten by them too."

### The relationship with the peer group in the institutional environment – exposure to pro-social models

The research reveals that the subjects involved in the study were exposed to antisocial models within these social relationships. A significant aspect

is that some of these young individuals found in the educational environment a context to develop criminal behaviors together with other classmates, which amplifies and reinforces negative conduct. Investigating this dimension showed that young people in placement centers are marginalized and devalued by peer groups, even being exploited to commit criminal acts, such as theft. Relationships with schoolmates are marked by labeling and rejection, causing the subjects to socially isolate themselves. Bullying and abuse experiences, on the other hand, contribute to the manifestation of violent behaviors, which can serve to protect them and provide a form of power and respect in their relationships with others.

R.D: "Oh, my best friends, I made them at school. We had a cool group in high school; everyone looked for us for cigarettes, but also other things" (referring to drugs).

R.C: "At school, I smoked for the first time, and if I remember correctly, I stole money for the first time there, with A, F, and I (...) they were watching out, and I stole cigarettes from the teachers' lounge... I took money too, but I got caught"... "They left when they saw the teacher coming, I was left looking stupid, but that was the understanding, that if one is caught, we don't snitch."

B.D: "They hit me a lot, especially the boys, not to mention the countless insults and humiliations I endured. It was hard for me to finish high school... many times I wanted to give up, but I decided to withdraw and not talk to them."

A.G: "I had nicknames: black, orphan, stupid, and many others."

M.A: "At one point, I started hitting them, I even split one's head when I pushed him into the classroom board."

### Relationship with teaching staff – exposure to pro social models

A significant aspect of this dimension is the lack of trust in adults, including teachers in the schools they attended. As revealed in the interviews, this phenomenon is the subjects' response to the negative experiences in their relationships with the staff of care institutions. However, where trust

relationships have developed between teachers and young individuals, it has been observed that these have had a positive impact on continuing education. By creating a safe and supportive environment where young people feel heard and valued, teachers can contribute to building trust and encouraging active involvement in the educational process. These positive relationships can play a crucial role in stimulating academic motivation, increasing self-esteem, and developing academic and socio-emotional skills.

B.D: "Well, I didn't want to let my teachers get close at all... anyway, I know I didn't lose anything, as I didn't have any good memories with the educators either."

M.P: "The teacher, in front of the other classmates, used to call the center on the landline and tell them to keep me in check, that I was cheeky, that only I didn't do my homework. This lady used to hit me with the book on my head, so the lesson would stick in my mind."

M.B: "I wanted to drop out in the 10th grade, but I had the mechanic teacher, who I think convinced me to stay until I finish. He was good to me, and I think he understood why I used drugs and that it's not easy not to have parents."

### Preparation of the professional path – support from the educational institution

An important aspect highlighted in the conducted research is the lack of support provided to the subjects by educational institutions regarding their career orientation. It is observed that educational institutions suffer from a shortage of professionals (especially social workers) specialized in providing vocational, career, and personal development counseling. The absence of these services and adequate support limits the opportunities for young people to explore their options and potential regarding their careers. However, in the two cases observed in the research where active support from teachers was identified, it was observed how this support facilitates young individuals' access to the labor market. By providing

appropriate information and guidance, counseling, and support in developing necessary skills, teachers can play a significant role in preparing young people for employment and socio-professional integration.

M.B: "The man (referring to his teacher) really helped me; we often talked... he was interested in what I would do after leaving the center. He found me a job and came with me on the first day."

B.D: "I think she still saw that I knew how to draw; I wasn't good at other subjects, but when it came to clothes, I did a good job. She gave me a job at her company, and from there, I learned a lot."

R.D: "Yeah, never, no one, neither from school nor from the center... maybe I would have had better chances to find something better paid, or to discover what I can do, but this way, I went to the laundry; maybe I could have done more."

## III. The transition to independent living

### The goals and plans that young people have created for independent living before leaving foster care

The dimension related to the life goals of young adults, conceived before leaving the placement center, stands out due to its limited content as a result of their lack of participation in activities designed to prepare them for complete independence. However, even in the absence of clear goals, aspirations of the subjects related to their socio-economic situation have been identified. This dimension reveals their significant concern regarding aspects of life quality and the satisfaction of basic needs such as housing, food, and other similar aspects.

B.D: "I didn't have plans, I didn't know what to do, what I can confidently state is that I understood that I need financial resources to ensure my livelihood."

M.A: "I didn't think about making plans; I didn't even know what to expect."

## The problems and difficulties they encountered in the post-institutionalization period

The main issue, as presented by the research subjects, is the lack of economic and social capital. Young people face problems related to accessing employment due to a lack of education. Therefore, it is extremely difficult for them to rent an apartment and then maintain it, first because of the economic component and then as a result of their inconsistent and irresponsible behaviors (not showing up for work, alcohol and drug consumption, etc.). Poor money management indicates that young people have not benefited from financial management workshops, a factor that has led to spending money (the allowance received upon leaving the center, salaries, and other sources of income) in a way that did not allow them to secure housing or other basic needs. Subjects also mentioned issues related to emotional support and attachment relationships, as well as trust with other people. In problematic situations, they realize that they don't have responsible and trustworthy individuals to seek support from. This situation shows that, although it is difficult for them to form attachment and trust relationships, their need to connect with other individuals is present and essentially unmet.

B.D: "I had some money when I left the system, but they went away very quickly... on all sorts of things."

A.G: "I have 8 grades, they would hire me at the factory, at those places, but it's little money and a lot of work... and I would go, but to be mistreated there... the teacher always pulled me from one side to the other and insulted me."

V.P "I even had a rented studio when I left, but I didn't have the money to keep it. While I was working, I managed, but then I quit my job, and I couldn't pay anymore, and the landlord kicked me out... I quit my job because the bus was too early, and I couldn't wake up."

M.A: "When it's harder, it's like I would like to talk to someone, to tell my sorrow, but I have no one... I cry quite a lot."

## Aspects related to criminal/antisocial actions committed in the post-institutionalization period

This dimension was the most challenging part of the interviews, especially because the research subjects were initially reluctant to recount events involving criminal activities. Most of them needed reassurance that the information would not be reported to law enforcement, and they would not suffer any consequences as a result of the interviews. This dimension revealed that all research subjects had committed criminal acts, with most of them engaging in activities such as drug trafficking, drug use, violence, theft, and prostitution. To maintain clarity in the research, three cases were selected for presentation, from which detailed information was obtained for analysis.

### R.C, 25 years old, male – drug trafficking

"I sold drugs... I needed money, and I still do. I carry 50 grams of weed (cannabis), and I quickly make 600 lei. Otherwise, I can't solve my problems." In this case, it was identified that criminal actions are committed to satisfy needs and desires in the way the individual has access to. The theory of differential opportunities explains this behavior. The crimes committed are determined by the opportunities the individual can access. On the other hand, considering that, from what he says, his circle of friends consists of people involved in drug trafficking, we can also invoke the theory of differential association to explain his behavior. Where the circle of friends exhibits antisocial behaviors, the chances of the individual following the same behavior increase depending on the frequency and duration of the association. His criminal behaviors are reinforced by the groups in which he socializes. Furthermore, in discussions, he explains that the group supports and protects him, "they help me, they are there for me, and I know that if there's something, they would help me get out somehow." What the subject is saying is related to one of the neutralization techniques discussed in the theoretical framework of the study, namely appealing to group loyalty.

**A.G, 27 years old, female – theft, assault**

A.G recounts that two years ago, she stole the sum of 1300 lei using violence. "There are many reasons why I did this, how am I supposed to live in this world? ... I tried getting a job, enduring insults from bosses, but I couldn't manage it at all. At some point, I just got annoyed because I couldn't cope." Here, it is highlighted that, following repeated attempts to meet her needs, she commits the robbery offense. Based on her statements, two theories are applied to understand how A.G ends up committing the offense. On the one hand, the frustration-aggression theory shows that offenses are committed by individuals as a result of frustration arising from stressful life events. In A.G's case, we know she did not complete high school or vocational studies, so getting a job is even more difficult, creating frustration because she cannot fulfill her needs and desires. On the other hand, her behavior can be explained using the theory of differential opportunities, which states that individuals may resort to committing crimes if they lack legal opportunities to fulfill their needs. To reduce guilt feelings and justify delinquent behavior, she employs three neutralization techniques in her explanations. Initially, she denies the harm/damage itself, saying, "anyway, he has money, and if he runs out, he can ask for more." In the second stage of explanations, she completely denies the victim, although the person she stole from and was violent with was hospitalized for three days and lost the sum of 1300 lei, "nothing happened to him, I didn't hit hard." Additionally, she condemns the victim, saying, "he wanted to hit me, and of course, I hit him as best as I could, fists, feet. He should have stayed calm because I told him I didn't want to hurt him."

**P.A, 31 years old, female – prostitution**

She practices prostitution and mentions that since childhood, the educators at the center have contributed to this aspect of her life, "...to be honest, I was called a whore more often than by my name, Mrs. E and Mrs. B told me I'm a whore and that's all I'll ever do. In the end, if others believe that anyway, if good money is made, I work the streets, and that's it... no one

puts food on my plate." Labeling theory may be the most appropriate direction to explain her behavior. If from a young age, educators and others have attributed characteristics such as incapacity and labeled her as a prostitute, today we can indeed see a self-fulfilling prophecy. Certainly, regarding justifying her behavior, she employs the technique of denying responsibility, indicating that her behavior has nothing to do with her but only with how she was raised and how educators at the center approached her. Also, immediate gains are much more important to her than long-term ones, such as a regular salary, mentioning that this is the only way she can get by every day.

The analysis of this dimension shows that, for the most part, young people do not identify legal opportunities to meet their basic needs, and those who do identify them face difficulties in accessing them. Therefore, given their daily needs and limited resources (social and economic capital), they are forced to commit offenses/antisocial behaviors that they have no difficulty rationalizing. It is evident that deficient moral development, characterized by the second stage of moral development in the case of these subjects, plays a significant role in the emergence and manifestation of criminal behaviors. Deficiency in moral development affects the ability of young people to understand, value, and respect social norms.

### Subjects' perception in relation to the social services received in the post-institutionalization period

Regarding social services, we have identified that the subjects are reluctant to seek social assistance services. The basis for these reservations lies in the negative experiences during institutionalization or even the empathy-lacking reactions of professionals they tried to address in the post-institutionalization period. Currently, there are legislations that provide for financial support, among other things, to be granted to young people leaving placement centers. Given the subjects' experiences with institutions and their professionals, these benefits are not appreciated, at least by the individuals who are part of this research.

M.B: "I don't even want to hear about it; I'm fed up with them and their help. I can manage on my own!"

P.A: "I went to child protection to help me with documents, ID, and financial aid. That lady told me to go to work, that she knows I do nothing and that I'm all grown up, that the system kept me long enough, so I should manage on my own."

Accessing benefits and specific social assistance services could help cover the shortcomings of young people in terms of their economic and social capital, thereby increasing the chances that they engage in behaviors accepted by society and its members.

## Research conclusions

Institutionalization has proven to be, in itself, a risk factor for committing criminal acts for individuals who have lived in placement centers. Considering that within institutions, the subjects did not engage in activities promoting civic spirit and prosocial values, these aspects contributed to the manifestation of antisocial behaviors and the devaluation of education. Regarding interpersonal relationships, it was observed that relationships with center staff were marked by conflicts, violence, and, in some instances, neglect. These relational experiences impacted the relationships between young adults and their teachers.

The theme addressing education and the training of young people showed that in those few cases where a positive/supportive relationship was successfully built between young people and teachers, it contributed to motivating the completion of the young adults' studies and even to their employment. Regarding the transition of young people to independent living, the research showed that the process becomes more challenging as the subjects did not benefit from workshops for the development of independent living skills.

Due to such shortcomings and a weak relationship between the subjects and society, young adults face significant difficulties in setting future goals, partly because they lack sufficient educational knowledge,

and because in the absence of a close connection with society, they are unfamiliar with societal norms, values, and expectations.

Research in this field can bring a new perspective on how society perceives and interacts with young adults from placement centers. Prejudices and social stigmatization play a significant role in perpetuating the cycle of criminality. Through research, an attempt has been made to highlight the problems and risk factors that reinforce antisocial behavior. The goal is not to excuse the behavior of this category of individuals but rather to identify and promote a better understanding of the needs and challenges faced by these young people.

## Research Limits and Future Research Directions

To obtain more precise results in researching this subject, it is crucial to involve an extended number of subjects. Additionally, to complete the picture, obtaining the perspectives of active personnel from placement centers and other institutions responsible for social protection is important. An important step in developing the research would be to focus on qualitative analyses of the lives of young adults who have successfully integrated into society, highlighting their resilience. This approach would reveal protective factors, both internal and external, that contribute to a successful adaptation to independent living.

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## Legislație

Legea nr. 3/1970 privind regimul ocrotirii unor categorii de minori

Legea nr. 272/2004 privind protecţia şi promovarea drepturilor copilului

ORDIN Nr. 25/2019 din 3 ianuarie 2019 privind aprobarea standardelor minime de calitate pentru serviciile sociale de tip rezidenţial destinate copiilor din sistemul de protecţie specială

Legea nr. 298 din 31 octombrie 2023 pentru modificarea Legii nr. 272/2004 privind protecția și promovarea drepturilor copilului

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## Legislation

Law no. 3/1970 regarding the regime of care for certain categories of minors

Law no. 272/2004 regarding the protection and promotion of children's rights

Order No. 25/2019 of January 3, 2019, regarding the approval of minimum quality standards for residential-type social services for children from the special protection system

Law no. 298 of October 31, 2023, amending Law no. 272/2004 regarding the protection and promotion of children's rights

# Study on the Options of Eighth-Grade Students in Arad County, for the Academic Year 2023–2024, Regarding the Continuation of Studies in High School/Professional Education

***Ovidiu-Florin TODERICI****

*The study of options* is a (psycho)sociological research conducted annually at the level of Arad County by the County Center for Resources and Educational Assistance (CJRAE) Arad in collaboration with the County School Inspectorate (ISJ) Arad and public pre-university education institutions with lower secondary level of schooling in the city and county of Arad. The purpose is to identify the fields, profiles, qualification domains, specializations, or qualifications towards which eighth-grade students are oriented for further studies at the next level of education (ninth grade in high school or vocational education). The results of the study, included in the research report, are submitted to ISJ and serve this institution in developing the offer regarding the enrollment plan for the next school year.

To fulfill the provisions of art. 5, lit. a) and d), art. 8, lit. a) and g), and art. 9, lit. j), k), and p) of the Regulation on the organization and functioning of county centers / the municipality of Bucharest for resources and educational assistance, approved by OMECTS no. 5555 of October 7$^{th}$, 2011[1], as well as art. 15, lit. i) and j), and art. 16, lit. h) from Annex 1 to the mentioned Regulation, in this school year, 2023-2024, CJRAE Arad has developed and carried out the Study of Options (the Study) in the period November–December 2023, with the involvement of all school counselor

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[1] OMECTS 5555/7 oct. 2011

teachers from CJAP Arad and from the psycho-pedagogical assistance cabinets at the pre-university education institutions in Arad County.

## Research Method and Investigated Population

**Research Method:** *Sociological Survey*
**Technique:** *Direct, Face-to-Face*
**Research Instrument:** *Questionnaire – Google Form*
**Investigated Population:** *Eighth-grade students in Arad County*
**Population Size (N):**

- ***According to ISJ data: 3713 students, 3773 including those in the fourth year of lower secondary level***
- ***According to data from the eighth-grade class registers communicated by school counselor teachers who conducted the study: 3709 students***

***Size of the Obtained Sample: 3135 students***

The research was designed to be comprehensive, covering the entire student population of eighth-grade students in Arad County. However, 3135 students participated in the study, representing 84.4% of the total ISJ population of 3713 students.

Of the total 3135 responding students, 49.5%, or 1551 students, are male, and 50.5% (1584 students) are female. Additionally, 57% reside in urban areas, while 43% reside in rural areas. The table below illustrates the association between the respondents' place of residence and their gender.

| Place of Residence | Gender | | Total |
|---|---|---|---|
| | Male | Female | |
| Urban | 895 | 893 | 1788 |
| | 28,5% | 28,5% | 57% |
| Rural | 656 | 691 | 1347 |
| | 20,9% | 22% | 43% |
| Total | 1551 | 1584 | **3135** |
| | 49,5% | 50,5% | **100%** |

*Students' Options*

Through the data collection form, for each individual student, two options for continuing their studies were recorded. The first option expressed the preference for the educational institution, field of study, profile/domain of qualification, and/or specialization/qualification they are inclined towards. The second option indicated the educational institution, field of study, profile/domain of qualification, and/or specialization/qualification for situations where they are not admitted to their first choice.

The responses provided by students outline two particular situations—one related to those opting for military high school and another concerning those indicating an option outside the educational offerings in Arad County or those who are undecided or choose not to respond.

Thus, 35 students, representing 1.1% of the total 3135, choose military high school as their first option, 37 students (1.2%) state they have a different preference, and 44 students (1.4%) declare themselves undecided or do not know or choose not to respond. Regarding the second option, 12 students (0.4%) choose military high school, 22 students (0.7%) opt for a different choice, and 1127 students (35.9%) cannot express their preference (undecided or do not know or choose not to respond). The table below illustrates these situations.

| | Option 1<br>Nr. of students | Option 2<br>Nr.of students |
|---|---|---|
| Military High School | **35** | **12** |
| Another option | 37 | 22 |
| Undecided/Don't know/No response | 44 | 1127 |
| Total | 116 | 1161 |

*It is noteworthy that 3 students choose the military high school as both their first and second options, indicating both their definite preference for the military*

*high school and, on the other hand, the fact that, in total (Option 1 + Option 2), we have 44 potential candidates for admission to this institution.*

We also observe a very high number (1127) of students undecided for their second option, indicating the need for guidance in their academic and professional orientation. This is especially relevant for those who cannot express a preference for their future academic path, neither in the first option nor in the second option (44 students). In fact, among this latter category (the 44 students) and those who state they have another option, there are also students who plan to continue school in another county in Romania or intend to go abroad, and especially those who plan to drop out of school after completing the eighth grade, i.e., not continue their studies at the next level of education

Given the large number (1127) of non-responses for Option 2, the analysis that follows retains and presents only the results obtained by expressing the first option. Additionally, cases from Option 1 of students oriented towards the military high school (35 students), those with another option (37 students), and those who are undecided or choose not to respond to the question (44 students) are excluded from the analysis. Subtracting the number of these students from the total of 3135 respondents, we refer to a <u>total of 3019 students who expressed their first option</u>.

The results are presented in the following table as follows:

- In column 1, educational institutions are listed.
- In column 2, the corresponding educational streams for high school and the mention regarding the route of vocational education are listed.
- In column 3, profiles from high school education and qualification domains from vocational education are listed.
- In column 4, specializations or qualifications found in the respective educational institution are listed.
- In column 5, the number of students opting for the specializations or qualifications in those educational institutions as their first choice is specified.

- In column 6, the number of available seats for the specializations or qualifications in each educational institution is indicated, as listed in the educational offer of ISJ Arad.
- In column 7, the difference between the number of students for the first choice and the number of available seats is calculated.

*It should be noted that, depending on the interest shown in specific results, other analyses can be conducted upon request. These may include, for example, associations with various characteristics of the research, distributions based on gender or place of residence, or distributions by units, fields of study, profiles, and specializations.*

It is also important to mention that the results should be understood and interpreted as those of the moment the research was conducted. Although some students' choices may express firm or decisive positions, it should be considered that these preferences may change in the future due to various factors. The decision of students to continue their studies in one direction or another is influenced, for example, by the opinions of parents or other significant individuals in the student's life, friendship groups, proximity to home, material and financial possibilities, and last but not least, their more or less realistic vision.

| *Option Distribution* | | | | | | |
|---|---|---|---|---|---|---|
| **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| **Name of educational institution** | **Field** | **Profile / Domain** | **Specialization/ Qualification** | **Nr. of students (Choices) X** | **Nr. of available seats Y** | **X-Y** |
| "MIHAI VITEAZUL" INEU COLLEGE | theoretical | real | Mathematics–Computer Science | 28 | 26 | 2 |
| "MIHAI VITEAZUL" INEU COLLEGE | theoretical | real | Natural Sciences | 14 | 26 | -12 |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| "MIHAI VITEAZUL" INEU COLLEGE | theoretical | human | Philology | 74 | 26 | 48 |
| "MIHAI VITEAZUL" INEU COLLEGE | technology | services | Economic activities technician | 8 | 24 | -16 |
| "MIHAI VITEAZUL" INEU COLLEGE | technology | services | Economic activities technician | 33 | 24 | 9 |
| "MIHAI VITEAZUL" INEU COLLEGE | technology | technical | Mecatronist technician | 12 | 24 | -12 |
| "MIHAI VITEAZUL" INEU COLLEGE | professional | Mechanical | Hydraulic and pneumatic equipment mechanic | 0 | 24 | -24 |
| ART COLLEGE "SABIN DRAGOI" ARAD | vocational | Art | Architecture, Environmental Art and Design | 63 | 24 | 39 |
| ART COLLEGE "SABIN DRAGOI" ARAD | vocational | Art | The Art of Acting | 24 | 24 | 0 |
| ART COLLEGE "SABIN DRAGOI" ARAD | vocational | Art | Fine and Decorative Arts | 49 | 48 | 1 |
| ART COLLEGE "SABIN DRAGOI" ARAD | vocational | Art | Music | 53 | 24 | 29 |
| ECONOMIC ARAD COLLEGE | technology | services | Economic | 91 | 96 | -5 |
| ECONOMIC ARAD COLLEGE | technology | services | Tourism and food | 43 | 48 | -5 |
| ECONOMIC ARAD COLLEGE | professional | Tourism and food | Cook | 13 | 24 | -11 |
| NATIONAL COLLEGE "ELENA GHIBA BIRTA" ARAD | theoretical | real | Mathematics-Computer Science | 44 | 52 | -8 |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| NATIONAL COLLEGE „ELENA GHIBA BIRTA" ARAD | theoretical | real | Natural Sciences | 53 | 52 | 1 |
| NATIONAL COLLEGE „ELENA GHIBA BIRTA" ARAD | theoretical | human | Philology | 89 | 26 | 63 |
| NATIONAL COLLEGE „ELENA GHIBA BIRTA" ARAD | theoretical | human | Philology – Bilingual English | 42 | 26 | 16 |
| NATIONAL COLLEGE "MOISE NICOARĂ" ARAD | theoretical | real | Mathematics-Computer Science | 75 | 52 | 23 |
| NATIONAL COLLEGE "MOISE NICOARĂ" ARAD | theoretical | real | Natural Sciences | 56 | 52 | 4 |
| NATIONAL COLLEGE "MOISE NICOARĂ" ARAD | theoretical | real | Natural Sciences – Bilingual English | 37 | 26 | 11 |
| NATIONAL COLLEGE "MOISE NICOARĂ" ARAD | theoretical | human | Philology | 45 | 26 | 19 |
| NATIONAL COLLEGE "PREPARANDIA-DIMITRIE ŢICHINDEAL" ARAD | vocational | pedagogical | Teachers – educators | 98 | 24 | 74 |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| NATIONAL COLLEGE "PREPARANDIA-DIMITRIE ŢICHINDEAL" ARAD | theoretical | real | Mathematics–Computer Science/ intensiv Computer Science | 65 | 26 | 39 |
| NATIONAL COLLEGE "PREPARANDIA-DIMITRIE ŢICHINDEAL" ARAD | theoretical | human | Philology – Bilingual English | 105 | 26 | 79 |
| NATIONAL COLLEGE "VASILE GOLDIŞ" ARAD | theoretical | real | Mathematics–Computer Science | 65 | 52 | 13 |
| NATIONAL COLLEGE "VASILE GOLDIŞ" ARAD | theoretical | real | Natural Sciences | 70 | 26 | 44 |
| NATIONAL COLLEGE "VASILE GOLDIŞ" ARAD | theoretical | human | Philology | 69 | 26 | 43 |
| NATIONAL COLLEGE "VASILE GOLDIŞ" ARAD | theoretical | human | Philology – Bilingual English | 41 | 26 | 15 |
| PARTICULAR COLLEGE "VASILE GOLDIŞ" ARAD | theoretical | human | Philology | 11 | 26 | -15 |
| PARTICULAR COLLEGE "VASILE GOLDIŞ" ARAD | technology | services | Economic activities technician | 2 | 24 | -22 |
| "CSIKY GERGELY" ARAD COLLEGE | theoretical | real | Mathematics-Computer Science | 15 | 13 | 2 |
| "CSIKY GERGELY" ARAD COLLEGE | theoretical | real | Natural Sciences | 15 | 13 | 2 |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| "CSIKY GERGELY" ARAD COLLEGE | theoretical | human | Social science | 8 | 13 | -5 |
| "CSIKY GERGELY" ARAD COLLEGE | technology | services | Economic | 18 | 12 | 6 |
| "CSIKY GERGELY" ARAD COLLEGE | technology | services | Tourism and food | 15 | 24 | -9 |
| "CSIKY GERGELY" ARAD COLLEGE | professional | Mechanical | Car mechanic | 1 | 24 | -23 |
| HIGH SCHOOL „ATANASIE MARIENESCU" LIPOVA | theoretical | real | Mathematics–Computer Science | 12 | 26 | -14 |
| HIGH SCHOOL „ATANASIE MARIENESCU" LIPOVA | theoretical | human | Philology | 43 | 26 | 17 |
| HIGH SCHOOL „ATANASIE MARIENESCU" LIPOVA | technology | technical | Electrical installation technician | 6 | 24 | -18 |
| HIGH SCHOOL „ATANASIE MARIENESCU" LIPOVA | professional | Mechanical | Industrial mechanic | 6 | 24 | -18 |
| HIGH SCHOOL "IOAN BUTEANU" GURAHONŢ | theoretical | real | Mathematics–Computer Science | 11 | 26 | -15 |
| HIGH SCHOOL "IOAN BUTEANU" GURAHONŢ | theoretical | human | Philology | 43 | 26 | 17 |
| HIGH SCHOOL "SEVER BOCU" LIPOVA | technology | services | Economic activities technician | 5 | 24 | -19 |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| HIGH SCHOOL "SEVER BOCU" LIPOVA | technology | services | Economic activities technician | 15 | 24 | -9 |
| ARAD SPORTS HIGH SCHOOL | vocational | Sport | Sport | 79 | 72 | 7 |
| ARAD NATIONAL HIGH SCHOOL OF COMPUTER SCIENCE | theoretical | real | Mathematics-Computer Science | 63 | 78 | -15 |
| SPECIAL HIGH SCHOOL „SFÂNTA MARIA" ARAD | theoretical | human | Philology | 3 | 12 | -9 |
| SPECIAL HIGH SCHOOL „SFÂNTA MARIA" ARAD | professional | Manufacture of wood products | Universal carpenter | 0 | 12 | -12 |
| SPECIAL HIGH SCHOOL „SFÂNTA MARIA" ARAD | professional | Food industry | Baker – pastry cook – flour products preparer | 7 | 12 | -5 |
| SPECIAL HIGH SCHOOL „SFÂNTA MARIA" ARAD | professional | Mechanical | Mechanical locksmith services | 2 | 12 | -10 |
| TECHNO-LOGICAL HIGH SCHOOL „AUREL VLAICU" ARAD | technology | technical | Electrician technician, car electronics technician | 9 | 24 | -15 |
| TECHNO-LOGICAL HIGH SCHOOL „AUREL VLAICU" ARAD | technology | technical | Mechanical processing technician | 7 | | |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| TECHNO-LOGICAL HIGH SCHOOL „AUREL VLAICU" ARAD | technology | technical | CAD designer technician | 4 | | |
| TECHNO-LOGICAL HIGH SCHOOL „AUREL VLAICU" ARAD | professional | Electric | Car electrician | 5 | 12 | -7 |
| TECHNO-LOGICAL HIGH SCHOOL „AUREL VLAICU" ARAD | professional | Mechanical | Car mechanic | 31 | 24 | 7 |
| TECHNO-LOGICAL HIGH SCHOOL „AUREL VLAICU" ARAD | professional | Mechanical | Numerically controlled machine operator | 0 | 12 | -12 |
| TECHNO-LOGICAL HIGH SCHOOL „AUREL VLAICU" ARAD | professional | Mechanical | Welder | 0 | 12 | -12 |
| TECHNO-LOGICAL HIGH SCHOOL „AUREL VLAICU" ARAD | professional | Mechanical | Car tinsmith painter | 1 | 12 | -11 |
| TECHNO-LOGICAL HIGH SCHOOL "FRANCISC NEHUMAN" ARAD | technology | services | Aesthetics and hygiene of the human body | 20 | 24 | -4 |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| TECHNO-LOGICAL HIGH SCHOOL "FRANCISC NEHUMAN" ARAD | technology | services | Tehnician in procurement and contracting | 5 | 24 | -19 |
| TECHNO-LOGICAL HIGH SCHOOL "FRANCISC NEHUMAN" ARAD | technology | technical | Manufacture of wood products | 1 | 28 | -27 |
| TECHNO-LOGICAL HIGH SCHOOL "FRANCISC NEHUMAN" ARAD | technology | technical | Garment design technician | 4 | 24 | -20 |
| TECHNO-LOGICAL HIGH SCHOOL "FRANCISC NEHUMAN" ARAD | professional | Aesthetics and hygiene of the human body | Barber–hairdresser–manicurist–pedicurist | 31 | 36 | -5 |
| TECHNO-LOGICAL HIGH SCHOOL "FRANCISC NEHUMAN" ARAD | professional | Manu-facture of wood products | Universal carpenter | 0 | 12 | -12 |
| TECHNO-LOGICAL HIGH SCHOOL "FRANCISC NEHUMAN" ARAD | professional | Manufactu re of wood products | Upholsterer – upholsterer–mattress maker | 0 | 12 | -12 |
| TECHNO-LOGICAL HIGH SCHOOL "FRANCISC NEHUMAN" ARAD | professional | Textile and leather industry | Textile manufacturer | 2 | 12 | -10 |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| TECHNO-LOGICAL HIGH SCHOOL "FRANCISC NEHUMAN" ARAD | professional | Forestry | Shepherd | 1 | 24 | -23 |
| TECHNO-LOGICAL HIGH SCHOOL "ION CREANGĂ" CURTICI | theoretical | real | Natural Sciences | 8 | 24 | -16 |
| TECHNO-LOGICAL HIGH SCHOOL "ION CREANGĂ" CURTICI | technology | services | Economic activities technician | 9 | 24 | -15 |
| TECHNO-LOGICAL HIGH SCHOOL "ION CREANGĂ" CURTICI | professional | Commerce | Trader–seller | 4 | 24 | -20 |
| TECHNO-LOGICAL HIGH SCHOOL "ION CREANGĂ" CURTICI | professional | | Double qualification: Trader–salesman/ Waiter–cook | 7 | 26 (13+13) | -19 |
| TECHNO-LOGICAL HIGH SCHOOL "IULIU MOLDOVAN" ARAD | technology | resurse | Technician in forestry and logging | 3 | 12 | -9 |
| TECHNO-LOGICAL HIGH SCHOOL "IULIU MOLDOVAN" ARAD | technology | technical | Furniture and interior design technician | 0 | 12 | -12 |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| TECHNO-LOGICAL HIGH SCHOOL "MOGA VOIEVOD" HĂLMAGIU | technology | services | Technician in tourism | 7 | 24 | -17 |
| TECHNO-LOGICAL HIGH SCHOOL "SAVA BRANCOVICI" INEU | vocational | Sport | Sports | 15 | 24 | -9 |
| TECHNO-LOGICAL HIGH SCHOOL "SAVA BRANCOVICI" INEU | technology | services | Technician in tourism | 16 | 24 | -8 |
| TECHNO-LOGICAL HIGH SCHOOL "SAVA BRANCOVICI" INEU | technology | technical | Electrician technician, car electronics technician | 10 | 24 | -14 |
| TECHNO-LOGICAL HIGH SCHOOL "SAVA BRANCOVICI" INEU | professional | Commerce | Trader–seller | 3 | 24 | -21 |
| TECHNO-LOGICAL HIGH SCHOOL "SAVA BRANCOVICI" INEU | professional | Con-struction, installations and public works | Bricklayer—stonemason–plasterer | 0 | 12 | -12 |
| TECHNO-LOGICAL HIGH SCHOOL "SAVA BRANCOVICI" INEU | professional | Mechanical | Mechanical locksmith services | 0 | 12 | -12 |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| TECHNO-LOGICAL HIGH SCHOOL "SAVA BRANCOVICI" INEU | professional | Mechanical | Car mechanic | 4 | 12 | -8 |
| TECHNO-LOGICAL HIGH SCHOOL "SAVA BRANCOVICI" INEU | professional | Tourism and food | Hotel worker | 0 | 12 | -12 |
| TECHNO-LOGICAL HIGH SCHOOL "SAVA BRANCOVICI" INEU | professional | Tourism and food | Waiter (waiter) salesperson in food establishments | 3 | 12 | -9 |
| TECHNO-LOGICAL HIGH SCHOOL "STEFAN HELL" SÂNTANA | theoretical | human | Social Science | 47 | 26 | 21 |
| TECHNO-LOGICAL HIGH SCHOOL "STEFAN HELL" SÂNTANA | technology | services | Economic activities technician | 6 | 24 | -18 |
| TECHNO-LOGICAL HIGH SCHOOL "STEFAN HELL" SÂNTANA | technology | technical | Mechanical maintenance and repair technician | 3 | 24 | -21 |
| TECHNO-LOGICAL HIGH SCHOOL "STEFAN HELL" SÂNTANA | professional | Mechanical | Car mechanic | 1 | 24 | -23 |
| TECHNO-LOGICAL HIGH SCHOOL "VASILE JUNCU" MINIȘ | technology | Natural resources | Agriculture | 1 | 28 | -27 |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| TECHNO-LOGICAL HIGH SCHOOL "VASILE JUNCU" MINIȘ | technology | services | Economic activities technician | 6 | 24 | -18 |
| TECHNO-LOGICAL HIGH SCHOOL ”REGELE MIHAI I” SĂVÂRȘIN | technology | Natural resources | Ecological and environmental quality protection technician | 18 | 24 | -6 |
| TECHNO-LOGICAL HIGH SCHOOL ”REGELE MIHAI I” SĂVÂRȘIN | technology | Natural resources | Animal technician | 19 | 24 | -5 |
| TECHNO-LOGICAL HIGH SCHOOL BELIU | technology | Services | Technician in administration | 23 | 24 | -1 |
| TECHNO-LOGICAL HIGH SCHOOL CHIȘINEU CRIȘ | technology | services | Economic | 1 | 28 | -27 |
| TECHNO-LOGICAL HIGH SCHOOL CHIȘINEU CRIȘ | technology | services | Economic activities technician | 17 | 24 | -7 |
| TECHNO-LOGICAL HIGH SCHOOL CHIȘINEU CRIȘ | technology | technical | Construction and installation technician | 11 | 24 | -13 |
| TECHNO-LOGICAL HIGH SCHOOL CHIȘINEU CRIȘ | technology | technical | Mecatronist technician | 13 | 24 | -11 |
| TECHNO-LOGICAL HIGH SCHOOL CHIȘINEU CRIȘ | professional | Commerce | Trader–seller | 5 | 24 | -19 |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| TECHNO-LOGICAL HIGH SCHOOL CHIȘINEU CRIȘ | professional | Mechanical | Mecanic auto | 12 | 48 | -36 |
| TECHNO-LOGICAL HIGH SCHOOL CONSTRUCTION AND ENVIRON-MENTAL PROTECTION ARAD | technology | Natural resources | Environmental protection | 1 | 28 | -27 |
| T TECHNO-LOGICAL HIGH SCHOOL CONSTRUCTION AND ENVIRON-MENTAL PROTECTION ARAD | technology | Natural resources | Environmental quality protection | 3 | 48 | -45 |
| TECHNO-LOGICAL HIGH SCHOOL CONSTRUCTION AND ENVIRON-MENTAL PROTECTION ARAD | technology | Technical | Construction and installation technician | 8 | 48 | -40 |
| TECHNO-LOGICAL HIGH SCHOOL CONSTRUCTION AND ENVIRON-MENTAL PROTECTION ARAD | professional | Con-struction, installations and public works | Central heating installer | 5 | 12 | -7 |
| TECHNO-LOGICAL HIGH SCHOOL CONSTRUCTION AND ENVIRON-MENTAL PROTECTION ARAD | professional | Con-struction, installations and public works | Plumbing and gas fitter | 3 | 12 | -9 |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| TECHNO-LOGICAL HIGH SCHOOL ELECTRONICS AND AUTOMATION "CAIUS IACOB" ARAD | technology | Technical | Telecommunications technician | 1 | | |
| TECHNO-LOGICAL HIGH SCHOOL ELECTRONICS AND AUTOMATION "CAIUS IACOB" ARAD | technology | Technical | Automation technician | 5 | 72 | -67 |
| TECHNO-LOGICAL HIGH SCHOOL ELECTRONICS AND AUTOMATION "CAIUS IACOB" ARAD | technology | Technical | Electrical installation technician | 11 | 24 | -13 |
| TECHNO-LOGICAL HIGH SCHOOL ELECTRONICS AND AUTOMATION "CAIUS IACOB" ARAD | technology | technical | Computer technician | 1 | | |
| TECHNO-LOGICAL HIGH SCHOOL ELECTRONICS AND AUTOMATION "CAIUS IACOB" ARAD | professional | Electric | Low-voltage operating electrician | 3 | 12 | -9 |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| TECHNO-LOGICAL HIGH SCHOOL ELECTRONICS AND AUTOMATION "CAIUS IACOB" ARAD | professional | Electronics Automation | Appliance and equipment electronics | 2 | 12 | -10 |
| TECHNO-LOGICAL HIGH SCHOOL FOR FOOD INDUSTRY ARAD | theoretical | real | Natural Sciences | 0 | 28 | -28 |
| TECHNO-LOGICAL HIGH SCHOOL FOR FOOD INDUSTRY ARAD | technology | resurse | Food analysis technician | 1 | 72 | -71 |
| TECHNO-LOGICAL HIGH SCHOOL FOR FOOD INDUSTRY ARAD | technology | resurse | Organic farming technician | 3 | 48 | -45 |
| TECHNO-LOGICAL HIGH SCHOOL FOR FOOD INDUSTRY ARAD | technology | resurse | Food industry technician | 7 | | |
| TECHNO-LOGICAL HIGH SCHOOL FOR FOOD INDUSTRY ARAD | technology | resurse | Technician in animal products processing | 0 | 72 | -72 |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| TECHNO-LOGICAL HIGH SCHOOL FOR FOOD INDUSTRY ARAD | technology | resurse | Veterinary technician | 10 | 48 | -38 |
| TECHNO-LOGICAL HIGH SCHOOL FOR AUTO-TRANSPORT "HENRI COANDĂ" ARAD | technology | technical | Mechanical | 8 | 28 | -20 |
| TECHNO-LOGICAL HIGH SCHOOL FOR AUTO-TRANSPORT "HENRI COANDĂ" ARAD | technology | technical | Mechanical technician | 10 | 24 | -14 |
| TECHNO-LOGICAL HIGH SCHOOL FOR AUTO-TRANSPORT "HENRI COANDĂ" ARAD | professional | Mechanical | Engine Mechanic | 4 | 24 | -20 |
| TECHNO-LOGICAL HIGH SCHOOL UCECOM "SPIRU HARET" ARAD | professional | Aesthetics and hygiene of the human body | Barber–hairdresser–manicurist–pedicurist | 10 | 48 | -38 |
| TECHNO-LOGICAL HIGH SCHOOL UCECOM "SPIRU HARET" ARAD | professional | Tourism and food | Cook | 2 | 24 | -22 |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| TECHNO-LOGICAL HIGH SCHOOL UCECOM "SPIRU HARET" ARAD | professional | Tourism and food | Baker | 1 | 24 | -23 |
| TECHNO-LOGICAL HIGH SCHOOL UCECOM "SPIRU HARET" ARAD | professional | Tourism and food | Waiter (waiter) salesperson in food establishments | 3 | 24 | -21 |
| TECHNO-LOGICAL HIGH SCHOOL VINGA | technology | services | Economic activities technician | 10 | 24 | -14 |
| THEOLOGICAL BAPTIST HIGH SCHOOL "ALEXA POPOVICI" ARAD | vocational | theology | Baptist theology – Bilingual English | 33 | 24 | 9 |
| THEOLOGICAL BAPTIST HIGH SCHOOL „ALEXA POPOVICI" ARAD | theoretical | real | Mathematics–Computer Science | 26 | | |
| THEOLOGICAL BAPTIST HIGH SCHOOL „ALEXA POPOVICI" ARAD | theoretical | real | Natural Sciences | 44 | 26 | 18 |
| THEOLOGICAL PENTICOSTAL HIGH SCHOOL ARAD | vocational | theology | Pentecostal Theology | 16 | 24 | -8 |
| THEOLOGICAL PENTICOSTAL HIGH SCHOOL ARAD | theoretical | real | Mathematics–Computer Science | 8 | 26 | -18 |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| "ADAM MULLER GUTTENBRUNN" THEORETICAL HIGH SCHOOL ARAD | theoretical | real | Natural Sciences | 8 | 26 | -18 |
| "ADAM MULLER GUTTENBRUNN" THEORETICAL HIGH SCHOOL ARAD | theoretical | real | Natural Sciences | 28 | 26 | 2 |
| "ADAM MULLER GUTTENBRUNN" THEORETICAL HIGH SCHOOL ARAD | theoretical | human | Philology | 30 | 26 | 4 |
| "ADAM MULLER GUTTENBRUNN" THEORETICAL HIGH SCHOOL ARAD | theoretical | human | Philology – Bilingual German | 24 | 52 | -28 |
| THEORETICAL HIGH SCHOOL "GHEORGHE LAZĂR" PECICA | theoretical | real | Mathematics-Computer Science | 22 | 26 | -4 |
| THEORETICAL HIGH SCHOOL "GHEORGHE LAZĂR" PECICA | theoretical | human | Philology | 28 | 26 | 2 |
| THEORETICAL HIGH SCHOOL "GHEORGHE LAZĂR" PECICA | theoretical | human | Philology | 0 | 28 | -28 |
| THEORETICAL HIGH SCHOOL "GHEORGHE LAZĂR" PECICA | professional | Mechanical | Locksmith, metal construction and technological equipment | 0 | 12 | -12 |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| THEORETICAL HIGH SCHOOL "GHEORGHE LAZĂR" PECICA | professional | Mechanical | Numerically controlled machine operator | 5 | 12 | -7 |
| THEORETICAL HIGH SCHOOL "JOZEF GREGOR TAJOVSKY" NADLAC | theoretical | real | Mathematics–Computer Science | 9 | 26 | -17 |
| THEORETICAL HIGH SCHOOL "JOZEF GREGOR TAJOVSKY" NADLAC | theoretical | human | Social Sciences | 13 | 26 | -13 |
| THEORETICAL HIGH SCHOOL "JOZEF GREGOR TAJOVSKY" NADLAC | theoretical | human | Social Sciences | 26 | 26 | 0 |
| THEORETICAL HIGH SCHOOL "JOZEF GREGOR TAJOVSKY" NADLAC | professional | Commerce | Trader–seller | 0 | 12 | -12 |
| THEORETICAL HIGH SCHOOL "JOZEF GREGOR TAJOVSKY" NADLAC | professional | Tourism and food | Waiter (waiter) salesman in food establishments | 0 | 12 | -12 |
| THEORETICAL HIGH SCHOOL "MIHAI VELICIU" CHIȘINEU-CRIȘ | theoretical | real | Mathematics-Computer Science | 28 | 26 | 2 |
| THEORETICAL HIGH SCHOOL "MIHAI VELICIU" CHIȘINEU-CRIȘ | theoretical | real | Natural Sciences | 17 | 26 | -9 |
| THEORETICAL HIGH SCHOOL "MIHAI VELICIU" CHIȘINEU-CRIȘ | theoretical | human | Philology | 91 | 52 | 39 |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| THEORETICAL HIGH SCHOOL CERMEI | theoretical | real | Natural Sciences | 0 | 26 | -26 |
| THEORETICAL HIGH SCHOOL PÂNCOTA | theoretical | real | Mathematics–Computer Science | 23 | 26 | -3 |
| THEORETICAL HIGH SCHOOL PÂNCOTA | theoretical | human | Philology | 52 | 26 | 26 |
| THEORETICAL HIGH SCHOOL PÂNCOTA | professional | Commerce | Trader–seller | 1 | 24 | -23 |
| THEORETICAL HIGH SCHOOL SEBIȘ | theoretical | real | Mathematics–Computer Science | 29 | 26 | 3 |
| THEORETICAL HIGH SCHOOL SEBIȘ | theoretical | real | Natural Sciences | 20 | 26 | -6 |
| THEORETICAL HIGH SCHOOL SEBIȘ | theoretical | human | Philology | 59 | 26 | 33 |
| THEORETICAL HIGH SCHOOL SEBIȘ | technology | services | Economic activities technician | 4 | 24 | -20 |
| THEORETICAL HIGH SCHOOL SEBIȘ | technology | services | Technician in gastronomy | 6 | 24 | -18 |
| THEORETICAL HIGH SCHOOL SEBIȘ | technology | technical | Manufacture of wood products | 0 | 28 | -28 |
| PROFESSIONAL SCHOOL "ASTRA" ARAD | professional | Electric | Electrician electrical and energy appliances and equipment | 1 | 10 | -9 |
| PROFESSIONAL SCHOOL "ASTRA" ARAD | professional | Electromechanical | Electromechanic rolling stock | 1 | 5 | -4 |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| PROFESSIONAL SCHOOL "ASTRA" ARAD | professional | Mechanical | Locksmith, metal construction and technological equipment | 3 | 10 | -7 |
| PROFESSIONAL SCHOOL "ASTRA" ARAD | professional | Mechanical | Lathe operator | 1 | 5 | -4 |
| NĂDLAC | professional | Mechanical | Welder | 2 | 15 | -13 |
| ARAD ORTHODOX THEOLOGICAL SEMINARY | vocational | theology | Orthodox theologian | 17 | 24 | -7 |

## Conclusions

Career guidance is an expression of personal talents or dominant skills. As they intersect with an individual's interests, motivations, and personal values, along with external, social, and economic influences, an optimal professional path can be shaped.[2] The study of options for eighth-grade students regarding future forms of education in mandatory high school is important for several reasons:

- Knowing the preferences of students in secondary education helps educational institutions personalize their educational offerings. Each student possesses unique abilities, interests, and aspirations. Guidance towards a specific form of education that aligns better with these aspects supports successful progression and personal development.

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[2] Ghid de Orientare şi consiliere professional, Proiect cofinanţat din Fondul Social European prin Programul Operaţional Sectorial Dezvoltarea Resurselor Humane 2007–2013: Investeşte în oameni! Contract nr. POSDRU / 80 / 2.3 / S / 55112 Titlul proiectului: „Creşterea nivelului de calificare a persoanelor angajate pe piaţa muncii – alternativă la şomajul determinat de criza economico-socială"

- When students are involved in the process of choosing their form of education, their motivation may increase. Choosing an option that interests and motivates them can lead to greater dedication to learning and active participation in school.
- If students feel involved in the decision-making process and find a form of education that suits them, the risk of school dropout may be reduced. Students who feel connected to their educational environment are more likely to complete their studies.
- Choices made in high school can influence students' educational and professional paths. A suitable choice, considering aptitudes and interests, can contribute to defining a more suitable career direction for each student.
- The study of students' options can help schools allocate educational resources more efficiently. With a clear understanding of students' preferences, more tailored educational programs can be developed, leading to a more efficient use of school resources.
- Choosing the form of education may involve parents and the community in the educational process. Collaboration between the school, students, parents, and the community can enhance the quality of education and support provided to students.
- The study of students' options regarding future forms of high school education contributes to creating an educational environment more adapted to the individual needs of students, encouraging them to pursue their interests and achieve their educational and professional goals.

To provide the necessary support to eighth-grade students, school counselors will conduct career and educational guidance activities. This represents a vital aspect in the development of students, guiding them through their educational journey and career choices. This crucial stage influences not only their academic trajectory but also their professional

evolution *The school counselor serves as a bond, catalyst, and facilitator in the process of the child's personal development, empowering the student to find their own solutions to the challenges they face*[3]

School counselors, alongside class teachers, must consider, above all, that career guidance activities aim to identify the individual skills, interests, and values of students. This introspection provides students with the necessary tools to make informed and conscious choices regarding their educational path. School counselors and the available educational resources become primary catalysts in the self-discovery process undertaken by students. In support of the teaching staff, including school counselors, class teachers, and other school teachers, the Ministry of Education provides a school program containing examples of specialized activities[4]

On the other hand, professional orientation focuses on translating passions and aptitudes into tangible careers. Encouraging exploration of different fields and providing information about labor market trends helps students make coherent and relevant choices for their future careers.

The importance of this process is reflected in students' adaptation to the requirements of a constantly changing world. A robust guidance system contributes to shaping a qualified workforce capable of adapting to technological and social developments.

School and professional guidance provides the necessary framework for students to discover their passions, develop their potential, and make wise educational and professional choices. This process becomes a cornerstone in building a successful future for our youth.

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[3] Fricosu, I., *Comunicarea și consilierea educațională* în Revista Educației EDICT, ISSN 1582-909X, 2021;

[4] Programa școlară pentru disciplina CONSILIERE ŞI DEZVOLTARE PERSONALĂ, CLASELE a V-a – a VIII-a, Anexa nr. 2 la ordinul ministrului educației naționale nr. 3393 / 28.02.2017 MINISTERUL EDUCAŢIEI NAŢIONALE;

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ORDIN Nr. 5555 din 7 octombrie 2011 pentru aprobarea *Regulamentului privind organizarea şi funcţionarea centrelor judeţene/al municipiului Bucureşti de resurse şi asistenţă educaţională* elaborat și aprobat de Ministerul Educației Naționale;

*Programa școlară* pentru disciplina CONSILIERE ŞI DEZVOLTARE PERSONALĂ, CLASELE a V-a – a VIII-a, Anexa nr. 2 la ordinul ministrului educației naționale nr. 3393 / 28.02.2017 MINISTERUL EDUCAȚIEI NAȚIONALE;

# Soft Skills – the Guarantee of Success in the Profession of Psychopedagogical Teacher in Special Education

*Mioara Maria* LAZĂR*

**Abstract.** In the field of special education, Soft Skills are essential. Empathy, efficient communication with students, parents, colleagues and other specialists in the field of education, patience, flexibility, adaptability, conflict and emotions managing and, collaboration and teamwork, knowledge of diversity, creativity, motivation, are just a few skills without that the psychopedagogical teacher cannot help children with disabilities reach their full potential. Considering the principle of equal opportunities, the right of special children to be educated in integrative schools, the training of teaching staff must also include the development of interpersonal and social skills.

***Keywords:*** *soft skills, general intelligence, interpersonal intelligence.*

The need for professionalism is increasingly felt in contemporary society. Professional standards include all the skills necessary for a profession, at a certain level of demand. All people who work with disabled, disadvantaged, different people, in addition to training in the field of psychopedagogy, need interpersonal and social skills that recommend them as effective specialists in this field (Crețu, 2006, pp. 157-158).

There are some important qualities to have when working with disabled people. You can learn skills and abilities, like how to provide speech therapy or communication skills but qualities are generally something someone possesses naturally. You can work to develop qualities if you know you lack those but you must know it (https://www.integrityinc.org/important-qualities-to-have-when-working-with-developmentally-disabled/).

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"The more tools in your toolbox, the better advocate you can be for children and families" (Cecelia Westby, apud Isaac, 2014).

Soft skills, or interpersonal and social skills, play an essential role in the field of special education. Working with students with special educational needs, teachers in this field must demonstrate a lot of interpersonal skills to provide effective support and facilitate learning. Some of the important soft skills in special education are: empathy, efficient communication with students, parents, colleagues and other education specialists, patience, flexibility, adaptability, conflict management, collaboration and teamwork, awareness of diversity, creativity, motivation and so on.

Soft skills are just as important as technical skills in special education. They contribute to the creation of a positive learning environment, the effective management of diversity and the development of productive relationships between specialists in the field, students and parents.

General intelligence and interpersonal intelligence are two distinct aspects of a person's cognitive and social ability. General intelligence, as measured by intelligence tests, represents the overall ability to learn, solve problems, think logically, and adapt to the environment. It includes skills such as abstract thinking, reasoning, memory, problem solving, and verbal and numerical comprehension. Traditional intelligence tests attempt to measure this general intelligence by providing a global score.

Intelligence quotient (IQ), a measure of a person's intelligence, is a complex and controversial concept in psychology. It was first proposed by Alfred Binet and Theodore Simon in the early 20th century with the aim of identifying children with special educational needs. There are various standardized intelligence tests, such as the Wechsler tests or the Stanford-Binet tests, which are designed to assess different aspects of intelligence. These tests cover areas such as vocabulary, problem solving, abstract reasoning, memory and more. To obtain comparable results, tests like those mentioned above are standardized on the basis of large population samples. Individuals' scores are then compared to these samples

to determine a person's relative intelligence standing. The score obtained on the intelligence tests is compared to a standard distribution where the mean is set to 100 and the standard deviation is set to 15. Thus, it is concluded that the majority of the population has an IQ between 85 and 115.

Unfortunately, intelligence tests do not measure the full range of human capabilities. They focus on specific skills and do not consider creativity, social skills or other forms of intelligence.

It is important to emphasize that IQ is only a measure of intelligence and does not capture the full complexity of a person's cognitive abilities or potential. Also, interpretation of scores should be done with caution, taking into account biases that may influence the results of intelligence tests.

Rather than viewing intelligence as a single overarching entity, Gardner argued that there are several distinct types of intelligence, and people may have different aptitudes in these areas. Gardner originally identified seven types of intelligence and two more were later added. These are: verbal-linguistic intelligence (the ability to use words effectively, in writing or speaking), logical-mathematical intelligence (the ability to solve mathematical problems, logical thinking and abstract reasoning), spatial intelligence (the ability to perceive the world in three dimensions and to orientate in space), musical intelligence (sensitivity to sounds, rhythms and tones), bodily-kinesthetic intelligence (the ability to use the body in a coordinated and expressive way), interpersonal intelligence (the ability to understand and relate effectively with other people), intra-personal intelligence (self-knowledge and understanding of one's own emotions), naturalistic intelligence (the ability to observe and understand the natural world), existential (or spiritual) intelligence (the ability to ask deep questions about human existence, the meaning of life and other philosophical aspects).

It is important to understand that these types of intelligence are not mutually exclusive and that each individual possesses a unique combination of them. The theory of multiple intelligences has had a significant impact

in the field of education, supporting the idea that teaching methods should be diversified to suit the different types of intelligence of students.

Interpersonal intelligence is one of the types of intelligence identified by Howard Gardner. This refers to the ability to understand and relate effectively to other people. People with developed interpersonal intelligence are often good communicators, have empathy, can resolve conflicts and build healthy relationships.

This form of intelligence is crucial in the context of interpersonal relationships, collaboration, team management, and understanding social dynamics. Although general intelligence refers to a wide range of cognitive skills, interpersonal intelligence focuses on specific social and emotional skills. It is important to emphasize that general intelligence is not always a relevant predictor of success in relationships or social contexts. A person may have a high IQ and still have difficulty in social interactions, while another person with a lower IQ may have outstanding interpersonal intelligence. General intelligence and interpersonal intelligence are two distinct dimensions, and recognizing and developing both can contribute to a complete picture of a person's capabilities. In the context of diversity, the theory of multiple intelligences explains that the individual approach to each type of intelligence can bring significant benefits in different aspects of life.

Interpersonal intelligence is closely related to the development of social and emotional skills and is essential in the context of interpersonal relationships. Soft skills, or interpersonal skills, are also related to these aspects and include a wide range of skills needed to collaborate and communicate effectively in professional and social environments. These are:

- *Effective communication*: People with developed interpersonal intelligence are often good communicators. Effective communication can facilitate collaboration, problem solving and team management.
- *Empathy:* Interpersonal intelligence involves the ability to understand and feel the emotions of others. Empathy is crucial in the context of human interactions because it helps to build relationships and develop a deeper understanding between people.

- *Conflict management*: It is important in both professional and personal environments. People with high interpersonal intelligence may have a higher ability to resolve conflicts, mediate, and maintain healthy relationships.
- *Collaboration:* Soft skills such as team spirit and the ability to work cooperatively are essential in a workplace. Interpersonal intelligence can help you collaborate effectively with colleagues and participate in group projects.
- *Social adaptability*: ensures success in different social contexts.

Soft skills and interpersonal intelligence are essential both in the workplace and in everyday life, contributing to professional success and healthy personal relationships. That is why the emphasis on developing these skills is increasingly pronounced in education and in vocational training programs.

Interpersonal intelligence and interpersonal skills, also called soft skills, are particularly important for special education teachers, given the specific context of this field, which involves interactions with students with special needs. For special education teachers, all the skills mentioned above are relevant, plus a few others:

- *Understanding* alongside empathy as pupils with special educational needs may have different challenges. The ability to feel and understand their perspectives, emotions and needs is essential. Teachers with developed interpersonal intelligence can form stronger connections with students and can adjust better their teaching.
- *Efficient communication.* The ability to communicate clearly and openly with students, peers and parents is essential. Special education teachers must be able to explain information in an accessible way and be open to two-way communication to better understand the students' situation.
- *Adaptability and flexibility:* The special education context can be dynamic, and adaptability is the key to success. Teachers must be flexible in

preparing teaching strategies and methods to suit individual student requirements.

- *Managing emotions*. Special education students can have varied emotional challenges. Teachers must be able to manage and respond to these emotions with empathy and understanding, creating a positive learning environment.
- *Collaboration with parents and educational specialists*. Communication and collaboration with parents, therapists and other education specialists is essential to ensure a holistic and integrated approach to the needs of students with disabilities.
- *Conflict management*. Conflict situations can arise in relationships with colleagues, parents or even between students. Teachers with developed interpersonal skills can manage these conflicts effectively and constructively.
- *Acceptance and openness to diversity and interculturality.* In special education, teachers may interact with students from diverse cultural backgrounds. A developed interpersonal intelligence includes cultural sensitivity and the ability to recognize and value diversity.
- *Motivation and support:* Special education students may need an extra dose of motivation and encouragement. Teachers with high interpersonal intelligence can inspire and support positive student development.

By developing and applying these skills, special education teachers can make a significant contribution to the academic success and overall development of students with special educational needs. Continuing professional training and support for the development of these interpersonal skills within this specific field is essential.

The future teachers need to master not only professional skills of their job, but also various soft skills, including the ability to communicate, coordinate, work under pressure, and solve problems (Karimova Nilufar Ummatqul Qizi, 2020, pag. 1916).

Special pedagogy students are trained to work with people with special educational needs and various learning difficulties. The special education profession involves a wide range of skills. These specialists must be prepared to address the individual needs of students. Here are some of the essential skills for the profession of special psychopedagogue: knowledge of the diversity of learning styles, educational needs and cultural contexts of students, the ability to plan and organize lessons and interventions adapted to the level and pace of each student, to find creative solutions to address learning difficulties and to make educational process more attractive and effective. Qualities such as patience and persistence are essential to work with students who may encounter various challenges in the learning process.

These skills are essential for success in the special education profession, where each day can bring unique challenges and where every student is different. An effective special educator is one who continually adapts, continually learns, and remains committed to improving the quality of life and education of students with special needs.

Working with people who have a disability can be very challenging. Their disability can add extra obstacles to their day-to-day lives that cause frustration and confusion. Kindness and empathy, optimism and perseverance are certain skills that will help you excel (https://www.integrityinc.org/skills-needed-to-work-with-developmentally-disabled-people/).

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# Parentification. Theoretical Approach

*Alina* COSTIN*
*Liliana Renate* BRAN**

**Abstract.** There is no longer any doubt that the healthy development of the child is based on a strong positive parentification relationship in which there is connection and also independence from parental authority (Lamb, which is, Lewis, 2013; Nomaguchi, 2012; Oznobishin, Kurman, 2009). In this paper, we intend to debate the issues of P, that is, of those dys-functionalities at the level of parent-child relationships generate stress and dysfunctionalities, and are determined by the violation or dissolution of the borders (Boszormenyi-Nagy and Spark, 1973). In these relationships, the child performs psychological and instrumental functions specific to the parent (Macfie, Brumariu, Lyons-Ruth, 2015) and experiences inappropriate poses in the relationship with the parent such as the peer, the child, as a parent and as a romantic partner. Parentification (P) is a pathogen process that develops in contexts such as unsafe attachments, in families with substance dependence, alcohol, chronic disease, mental illness, or HIV/AIDS, or simply parents are emotionally disadvantaged. The consultation of the specialist literature revealed that there are both positive consequences (Weisskirch, 2010; Dorner et al., 2007) and negative ones (Cheng, 2012; Biedron, 2019; Kaur and Mills 1993) of P that are mediated by the way the child perceives taking on the role of the adult as fair or not.

***Keywords:*** *parentification, border dissolution, role confusion, spousification, adultification*

## Introduction

Family dysfunction is currently one of the most controversial topics to be addressed in the social and educational context; especially when its impact is reflected in issues of children's behaviour. At the level of the common sense, the functionality of the family refers to the situation in which the

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family members run their lives together, considering that the obstacles or syncope they encounter have been overcome. Sometimes this happens through denial, ignoring or entailing primary, ineffective coping mechanisms, however the family goes forward, but there are huge tensions, hidden frustrations, inner conflicts, and so on, affecting the cohesion and quality of inter-relationship.

Specialists refer to a family as being functional in conditions where the problems of each member are recognized, listened to and resolved so as not to form cracks in the relationships between them or to produce imbalances that affect the homeostasis of the family. The very basis of effective functioning is the willingness of each member to grant freedom and trust, to listen and respect the needs of the other, transforming this attitude into family principles and values. Acceptance of otherness is also an important resource for the whole family, meaning that differences are accepted and seen as expressions of the personality of each. Particularly important is the subject of the roles that each of them assumes, so that the responsibilities related to the roles are embraced and accepted by each. The boundaries and boundaries established and agreed upon are according to Bowen (1978) an important key in the predictions that can be made about the harmony and functionality of a family. There are a multitude of situations that affect the family functionaries, one of them being the reversal of roles, respectively the taking over of adult responsibilities by the child, not gradually, nor maturely assisted by the parent, the, not related to the potential of the parent but fortuitous, in a context that leaves no room for another variant for the child. P itself presupposes a failure of the parent, which for reasons attributable or unenforceable to him, does not fail to give the child the space and protective framework he needs.

## Parentifying. Definition

When we refer to parental roles, we often think about the parental competencies of the conjugal partners, becoming parents. Responsible P

involves the cognitive, social and emotional skills of parents (Bruck, Ceci and Principe, 2006). According to an ancient rule, the parent offers care, love, support, protection, and the child receives them. Only in this way is a healthy foundation built that allows the child to become what he can become. Frequently, however, there is a reversal of parent-child roles, a particularly serious situation for child security and development, perceived as a form of child abuse. Macfie, Brumariu, Lyons-Ruth (2015) draw attention to the fact that there are responsibilities that respect the age level of the child and his abilities, so in this case, they lead to the development of autonomy and competence. The authors propose the phrase role confusion, as an umbrella for situations where the child parent role reversal takes place, reversal which consists in the abolition of borders and the taking over by the child of the role of the parent as a husband or of the parent as an equal.

The role reversal was perceived differently over time: Chase, (1999), Flanzraich, Dunsavage, (1977) used the term P for the coerced child to take on the role of parent; Winnicott (1960) catalogues the situation of the child over-adapted to the demands and demands of parents at the expense of his own needs as role reversal. Around the same time, Morris & Gould (1963) used this phrase to describe situations of physical abuse of children perceived by parents as competitors, critical figures. Bowen (1978) and Minuschin (1974) introduced concepts of triangulation and blurring of intergenerational boundaries to describe inappropriate role-playing relationships between parents and children. Macfie, Brumariu & Lyons-Ruth (2015) discovers in the literature of speciality other inappropriate situations between parent and child as seductive or non-responsive intimacy, situations in which the parent shows an excessively intimate behaviour with the child, even coquettish, thus violating some boundaries to the total detriment of the child. A peer-like relationship (DeAngelo and Ward, 1985) is another type of unhealthy relationship in which the parent treats the child as a peer.

There were identified, therefore, three different situations, in which we find the child as husband, the child as parent, the child as equal having all as common factor the dissolution of borders. Sroufe et al., (1985, apud Macfie, Brumariu & Lyons-Ruth, 2015) cataloged the three distortions of the parent-child relationship as dysfunction of the family system. Other variations of the same issue have been described in studies of attachment by John Bowlby (1988) referring to children who are forced to take over the relationship with the parent. In some situations, they engage in the leadership of the whole family, replenishing or securing its income, disciplining and caring for siblings or grandparents.

Taking into account that in all these situations, the parent fails to recognize and accept the differentiation of his own self from that of the child, that is, to recognize the psychological separation of the child as Kerig called it (2005), were included in this issue and situations of parental intrusiveness as overprotection or psychological control.

## Contexts in which parentification takes place

Parentification refers to situations in which the roles between the parent and the child are reversed in the sense that the parent does not have the necessary parental skills to provide and ensure security and care, and, the children are forced to take on the role of parent. It happens that without being ready to take on this role, those children give up on themselves addressing the emotional, physical, financial needs of their parents, siblings, and others, other members of the family system (Alexander, 2003).

Schleider & Weisz, (2017) also use the term spousification and Burton (2007) uses the term of adultification. Children of migrant parents, mentally ill or chronically ill, substance dependent or children of separated parents are at increased risk of P. Parented children have as parents, emotionally disadvantaged adults (Jurkovic, 1998), which is why they

consider and treat children as parental figures. The author describes the process of P in terms of parental context, parental attachment, their attachment to their children, parental skills and sociocultural factors. Wallerstein (1985) focused on the situation of children with divorced parents identifying development risks caused by the postdivorce family structure; indeed, the adolescents from parented separated parents report that they provide more emotional and instrumental care than the group of teens from biparental families (Jurkovic, Thirkield, & Morrell, 2001). However, the authors differentiate between filial responsibility that is productive and leads to development and empowerment and built-in P in a context that is perceived as unfair and that is destructive. The large share of studies associate P with trauma because it involves emotional neglect and repeated exposure to sufferings, losses, and shortcomings, generally at potentially traumatic events. Regardless of the framework in which P takes place, there is a breach of borders as rules based on which family interactions are conducted and which gives stability and security (Earley & Cushway, 2002).

**There are several risk factors in parentification**:

- socio-demographic factors;
- socio-cultural practices;
- the parental conflict;
- the parental alcoholism;
- the divorce;
- the single-parent household;
- the presence of a stepfather
- cause he is in boarding school for depression, or chronic, mental illness.

The table below includes a summary of the results provided by the academic literature on family background in acre occurs P and their consequences.

**Table no.1.** Contexts and consequences in parentification

| Contexts in which it takes place | Author | Findigs |
|---|---|---|
| **Situations of divorce** | Jurkovic, Thirkield & Morrell (2001). | guilt, anxiety |
| **Parents with AIDS** | Stein, et al., 1999 | Syndrome of care |
| **Parent with mental health problem** | Van Loon et al., (2017);<br>Jankowski et al., 2013; Wells and Jones, (2000);<br>Stein et al., (1999); Jurkovic, (1997) | shame, anxiety, eating disorders, substance use, risk of suicide |
| **Chronic disease** | Tompkins (2007); | Child psychopathology, influence on identity and relationships |
| **Consumption of substances/alcohol** | Rao, (2014).<br>Burge-Callaway (1992) | The perception of higher inequality when the mother is addicted to alcohol<br>Overwork, greater distortions in the generational boundaries |
| **Unsafe attachments** | Byng-Hall, (2002).<br>Engelhardt, (2012). | attachment – unsafe/ambivalent and unsafe/controllers |
| **Monoparentality, parents with depression** | Van Parys, & Rober, (2013).<br>Van Parys et al., (2015). | taking care of household needs, emotional support of the parent, hiding anxiety and preoccupation |
| **Migration** | Titzmann, (2012).<br>Cheng, (2012). Biedron, (2019).<br>Kaur, Mills (1993)<br>Weisskirch, (2010).<br>Dorner et al., (2007) | Superior adaptation of children to sociocultural conditions, risk to parentification<br>Shame<br>Self-efficacy<br>Superior academic results |

Other authors analyze how the child's parental role may have beneficial results; Tompkins (2007) shows that when taking on the role of an adult is a response to a chronic health problem of a parent, responsibility sustained by the involvement of the partner and the recognition of the effort of the child, there is an increase in privacy in the parent-child relationship followed by other benefits in terms of personal growth and development. Jankowski et al, 2013 indicates that there are also positive outcomes of P that are modified according to several mediators such as P tasks, the level of differentiation of the child's self, and so on, perception of inequality and mental health.

Studies on P have diversified in family context; Stein et al., (1999) identify problematic behaviours caused by P in families where parents consume substances or have HIV. A fairly generalized situation in which P takes place, regardless of the sociocultural framework, refers to the taking of parental responsibilities by the older brother in relation to the younger brothers. Blazek (2018) studied the importance of the place in the family to explain the P of the first child. Monoparentality, associated with an overgrowth of roles by the single parent, is a risk factor especially in situations where the parent experiences depression or other mental health disorders (Van Parys, & Rober, & Robert, 2013). With the rise of migratory waves around the world, studies have emphasized the effects of the temporary separation of parents from children. One reason for P in migrant families is, according to Titzmann (2012), the level of superior child acculturation in relation to the parent. Robles and Campos are of the opinion that this way, children form very valuable skills which should not be pathologized especially if the responsibilities they assume do not significantly exceed their resources.

Similar results are observed (Van Loon et al., 2017) in children who have parents with mental health problems, in the sense of internalizing problems after about a year of experiencing adversity. Dysfunctions and harms of parenthood are greater when the parent consumer is the mother;

McCord, 1988 discovers that when the father is dependent on alcohol, he said, the risk of parenthood may decrease as the mother cushions the negative effects of living with an alcoholic. A fairly generalized situation in which P takes place, regardless of the sociocultural framework, refers to the taking over of parental responsibilities by the older brother in relation to the younger brothers. In a microanalysis conducted in a case of depression, the authors found that P is expressed through the effort of the child to care, encourage and comfort the parent, by covering financial needs, and, materials in parallel with the display of a relaxed attitude to mask the concern, as a mechanism to protect the parent.

## Effects of parentification on children

Parentification, despite the development and acquisition of valuable skills, still causes damage. In this situation, the child is forbidden natural experiences, appropriate to age, does not allow himself to manifest himself vulnerable, ignorant, but on the contrary, on the contrary, it is in a position to ignore all these specific development needs. Moreover, he cannot obtain the validation he needs, neither the recognition nor the support, but must offer it himself to the parent who needs it urgently. Perceived as an extreme burden, the child takes on the role of an adult in the absence of resources that could no longer be built and consolidated. Newcomb (1996) develops a theory of parenthood-pseudomaturity by observing possible long-term effects such as dysfunctionalities in separation from the family system or the development of care syndrome (Valleau, Bergner, Horton, Horton, 1995) And its intergenerational transmission. An interesting study (Castro, Jones, Mirsalimi, 2004) reveals a higher incidence of imposor syndrome formation in people who have experienced P. These children will also report more frequent relational dysfunction and experience all the effects of the caregiver syndrome. The emotional and physical demands of care can overwork adults as well, the more overwhelming it will be for a parented child. In these cases of deprivation or abuse, parental cognitions

may be formed that function as mediators that will result in P (Jurkovic, 1998). Few studies show that boys are more affected than girls and lead to behavioural disorders and depression (Hetherington, 1999).

It is differentiated between instrumental and expressive tasks when assessing the level of responsibility of dysfunctional P; regarding the perception of inequity, it is mediated by the recognition of the child's effort. Thus, Hooper and Wallace (2010) show that in a family context where there are several stressors and the parent does not express recognition of the child's effort, the perception of inequality provides the framework for dysfunctional P. The situation is different when this situation is related to a stressor and is framed in a temporary structural arrangement. In this case, the effects of P are more limited if not positive. However, the effects are correlated to the resilience level of the child (Godsall et al., 2004), implicitly to the age and level of psychoemotional maturity. Dorner (2007) suggests that, these situations facilitate the achievement of higher academic results, and even self-efficacy. The issue can be addressed in the context of social services, where social workers and therapists meet the effects of family dysfunction (Breaz, 2021).

## Conclusion

Leaving aside contexts in which this phenomen produces positive effects on the child, and which are not at all irrelevant, studies show that the damage it causes is significantly greater. The process itself involves a rearrangement of parent-child roles in an inappropriate, suffering-generating formula. Reversing roles requires syncope in living your own age, it means cancelling your own needs and, indeed, building skills and competencies but, at the expense of a secure and solid emotional background. As Das (2021) observe, this phenomenon is more generalized than it seems, so it would be necessary to study the effects of other social processes that contextualize P such as economic crises, pandemics, armed conflicts, migration.

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# Protection against Drug Use in the European Union. Social and Health Implications from the Perspective of European Citizenship

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**Abstract.** Protection against drug use in the EU is a relevant research theme due to its profound social and health implications for European citizens. Drug use affects individuals, families, and communities, leading to social marginalization, criminalization, and public health challenges. Investigating prevention, treatment, and social reintegration policies from the perspective of European citizenship can shed light on effective strategies, address stigma, and promote evidence-based approaches. Understanding citizens' perspectives on existing policies and involving non-governmental organizations can enhance policy relevance and responsiveness. This research theme is crucial in formulating comprehensive, inclusive, and sustainable drug protection policies that prioritize public health and social well-being for all European citizens.

***Keywords:*** *drug use, European citizens, social and health implications.*

## 1. Introduction on the relationship between social protection and the health system

Social protection and the health system are two interconnected aspects that work together to ensure the well-being and safety of citizens in terms of health and financial security.

Social protection refers to the set of government measures and policies that ensure citizens a minimum level of social security. This may include social security systems, pensions, child benefits, unemployment, welfare

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and other social services. The purpose of social protection is to reduce social inequalities and ensure a minimum standard of living for all citizens.

The health system refers to the infrastructure, services and resources that are available to promote health and provide healthcare to citizens. This may include hospitals, clinics, doctors, nurses, ambulance services, medicines and other resources necessary for the prevention, diagnosis and treatment of medical conditions. (Room, 2019)

The link between social protection and the health system is that social protection can contribute to equal access to health services and to ensuring financial coverage for medical treatment. For example, a universal health or social insurance system can provide citizens with access to medical services without being affected by individual financial resources. This ensures equal treatment opportunities and prevents social exclusion based on health status.

At the same time, the health system can contribute to social protection by providing preventive services and adequate medical care. Through the prevention of disease and the appropriate treatment of medical conditions, the health system contributes to maintaining well-being and reducing the negative economic impact on individuals and society as a whole. (Werse & Bernhofer, 2017)

In conclusion, social protection and the health system are interconnected and complement each other. Strong social protection can help ensure equal and fair access to health services, while an efficient health system can help maintain and improve the general well-being of citizens.

## 2. The relationship between citizens' well-being and security and European citizenship

The well-being and safety of citizens are central aspects of European citizenship. European citizenship is a legal and political concept that gives citizens of the European Union (EU) certain rights and privileges outside of their national citizenship.

The well-being of citizens refers to the general state of prosperity and satisfaction of basic needs, such as standard of living, access to services and resources, education, health and economic security. The safety of citizens refers to their protection against threats and dangers, including physical security, public safety and legal protection. European citizenship contributes to the well-being and safety of citizens through the following aspects:

a) freedom of movement - EU citizens have the right to move, live and work in any EU member state. This opens up new opportunities for employment, education and cultural experiences, contributing to individual well-being and personal development.
b) social and economic rights – EU citizens benefit from social and economic rights, such as access to the social security system, the right to healthcare and protection against discrimination on the labor market. These rights contribute to ensuring a minimum level of welfare and social protection.
c) consular and diplomatic protection – EU citizens have the right to receive consular and diplomatic protection from any EU member state outside the EU territory. This provides an additional level of safety and protection in crisis situations or abroad.
d) participation in political life: EU citizens have the right to vote and run for office in local and European elections in the country where they live. By exercising their right to vote, citizens can influence policies and decisions that affect their well-being and safety.

European citizenship provides a legal and political framework that promotes individual freedoms, social and economic rights, protection and civic participation. These aspects contribute to creating a safer and more prosperous society for European citizens.

## 3. European citizens and the health system

European citizenship has some connection with the health system within the European Union (EU), although the management and provision of health services are mainly the responsibility of individual member states.

There are several aspects in which European citizenship can influence the health system:

- ***access to healthcare abroad:*** EU citizens have the right to travel to other EU member states and receive healthcare in an emergency or for planned treatment. This is possible through the European Social Health Insurance Card (ESHIC), which allows citizens to receive medical services at the rates and conditions applicable to residents of the country in which they are temporarily located.
- ***cooperation in the field of health:*** the EU promotes cooperation between Member States in the field of health through the cross-border healthcare directive. This facilitates citizens' access to specialized treatments and medical services available in other member countries. There is also collaboration on medical research, exchange of best practices and common health standards.
- ***patients' rights:*** EU citizens enjoy certain patient rights, such as the right to be informed about available medical services, the right to choose healthcare providers, the right to receive high-quality healthcare and the right to seek compensation for medical negligence in another member country.
- ***public health and food safety:*** The EU has responsibilities in the field of public health and food safety. Through European policies and legislation, it aims to protect and promote public health, control communicable diseases, promote vaccination and ensure food safety throughout the European Union.

It is important to note that health systems are largely managed by member states, and health policy and responsibilities may vary between them. However, the EU promotes cooperation and the exchange of

information between Member States in the field of health, in order to ensure a high level of protection of citizens' health and to facilitate access to health services.

## 4. Protection against drug use on the territory of the European Union. Treatment and assistance

Protection against drug use in the European Union is based on a combination of policies and measures aimed at preventing drug use, reducing the associated risks and providing adequate treatment and assistance for addicted people. Protection against drug use in the EU is achieved through the following:

- prevention policies: EU member states implement policies to prevent drug use, with an emphasis on education, information and awareness. These policies are aimed at informing young people and the general population about the risks associated with drug use and promoting a healthy lifestyle.
- treatment and assistance: the EU promotes the provision of appropriate treatment and assistance for people addicted to drugs. This may include rehab programs, individual or group counseling, opioid substitution therapy, and other rehabilitation services. The goal is to help addicts quit using drugs and rebuild their lives.
- risk reduction: the EU adopts policies to reduce the risks associated with drug use, especially for injecting drug users. These policies include providing sterile syringes and injection equipment, syringe exchange programs, HIV and hepatitis testing and counseling, and access to naloxone (a rescue drug for opioid overdoses).
- international coordination: the EU collaborates with international organizations and other countries to address the problem of drug use at global level. It promotes the exchange of good practices, policy evaluation and measures to control drug trafficking within

organizations such as the United Nations (UN) and the United Nations Agency on Drugs and Crime (UNODC).

- monitoring and research: the EU carries out monitoring and research on drug use, consumption trends and the impact of drug policies. This helps to assess the effectiveness of policies and adapt them to new trends and challenges.

It is important to note that drug policy and drug protection can vary between EU member states, and each country has its own specific rules and measures. However, there is a coordinated effort at European level to tackle the problem of drug use and to protect the health and safety of citizens.

Of those listed above, from a health system perspective, the most important function for this article is drug treatment and assistance.

In the territory of the European Union they are addressed through a combination of interventions and services that aim to help addicted people to give up drug use and rebuild their lives.

First, early identification of people with drug use problems and their appropriate assessment is important. This may include medical, psychological and social assessment of individual needs and determining a personalized treatment and support plan.

Secondly. drug addicts, rehab programs can be the first step in the recovery process. These involve medical supervision and assistance to help the person go through physical withdrawal and detoxify the body.

Third, for people addicted to opiates, opioid substitution therapy can be used as a way to replace the addictive drug with a stabilizing medication such as methadone or buprenorphine. This helps reduce withdrawal symptoms and prevent relapse, allowing the person to focus on recovery and rebuilding their life.

Fourth, counseling and individual or group therapy are essential components of drug treatment and assistance. They provide a safe space where the person can explore the root causes of addiction, underlying

psychological and emotional issues can be addressed, and skills and strategies can be developed to deal with risky situations and prevent relapse.

Fifth, an important aspect of treatment and care is helping addicts reintegrate into the community and rebuild their lives after giving up drugs. This may involve providing social support, guidance for employment or education, assistance in finding a place to live and facilitating integration into support groups or community networks.

Sixth, drug treatment and support often involves a multidisciplinary approach, involving health, social work, psychiatry, psychology and social service professionals. Also, collaboration between different organizations and services, such as treatment centres, support services and public authorities, is essential to ensure a coordinated and effective response within the community.

Drug treatment and assistance in the EU is based on evidence-based approaches, with a focus on respecting human rights and integrating addicted people into the community. The goal is to provide adequate support, resources and guidance so that addicted people can stop using drugs and rebuild a healthy and meaningful life. (Pani et al, 2019)

## 5. The relationship between access to healthcare abroad within the EU and treatment against drug consumption

The relationship between access to healthcare abroad (cross-border) within the territory of the European Union (EU) and drug treatment and assistance can be addressed in the context of the free movement of EU citizens and the right to receive healthcare in another EU Member State. Here are some relevant aspects (Hibell et al, 2012):

### A. Cross-Border Healthcare Directive

The EU has adopted a Cross-Border Healthcare Directive, which regulates the rights of patients to travel to another EU country for medical treatment

and to be reimbursed for the associated costs. This may be relevant for drug addicts who wish to access treatment in another Member State.

The European Union (EU) Cross-Border Healthcare Directive is a legislative instrument adopted by the EU to regulate the right of patients to receive healthcare in another EU member state and to be reimbursed for the associated costs. The directive emphasizes the following:

It recognizes the right of patients to travel to another EU member state to receive medical treatment. This right applies both in cases where treatment is needed immediately and in situations where patients wish to access specialized treatments that are not available in their country of origin.

Patients can request prior authorization from the health authorities in their home country before traveling to another Member State for treatment. However, there are certain exceptions in cases of emergency or when the treatment is considered routine or very safe.

Patients have the right to be reimbursed for the costs of treatment received in another Member State, in accordance with the rules and tariffs established by their country of origin. Reimbursement may be limited to the cost of equivalent treatment provided in the country of origin.

The normative act places a strong emphasis on ensuring the quality and safety of treatment in cross-border healthcare. Member States are responsible for ensuring that healthcare providers comply with relevant healthcare standards and regulations.

The Directive promotes cooperation and exchange of information between Member States to facilitate cross-border healthcare. This includes establishing national contact points and European reference networks for specific diseases or conditions.

The Directive underlines the importance of ensuring adequate and transparent information for patients about their rights regarding cross-border healthcare. Member States are urged to provide clear and accessible information on reimbursement procedures, rights and modalities.

The Cross-Border Healthcare Directive aims to facilitate patients' access to quality healthcare and promote healthcare mobility within the EU, in line with the principle of the European Single Market and patients' rights. (Decorte et al, 2017)

## B. Access to specialized treatment

Some EU member states may have specialized services and treatment programs for drug addicts, which can be sought by patients from other countries. Access to such specialized services can be facilitated based on the right of patients to receive medical assistance abroad.

For example, in Romania, an EU member state, access to specialized treatment for drug users from other EU member states on Romanian territory is regulated in accordance with the provisions of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare and the relevant national legislation. The main points to consider regarding the application of Directive 2011/24/EU in Romania are:

- Prior authorization: To access specialized treatment in Romania, drug users from other EU member states must request prior authorization from the competent authorities in their country of origin. Prior authorization may be required in cases where the requested treatment requires prior approval or in situations where the patient wishes to be reimbursed by the healthcare system in the country of origin.
- Information and guidance: It is important that drug users have access to relevant and up-to-date information regarding the specialized treatment available in Romania. Competent authorities in the country of origin should provide information on available treatment options and prior authorization procedures.
- Collaboration between member states: EU member states collaborate in order to facilitate access to specialized treatment for drug users from other member states. This may involve information sharing and coordination between health authorities in both countries to facilitate prior authorization and ensure continuity of treatment.

- Limits and restrictions: Access to specialized treatment in Romania may be subject to limits and restrictions. These can be determined by the capacity of the health services in Romania, the national priorities in the field of health and the specific rules established by the competent authorities.
- Reimbursement of costs: Patients may be eligible for reimbursement of the costs of specialized treatment in Romania in accordance with the provisions of Directive 2011/24/EU. Reimbursement may be limited to the equivalent cost of treatment in the country of origin or may be subject to other specific conditions.

To access specialized treatment in Romania, it is recommended that drug users from other Member States inform themselves in advance about the procedures, rules and specific requirements applicable and contact the competent authorities in their country of origin to obtain prior authorization and the necessary information.

### C. Collaboration and exchange of best practices

The EU promotes collaboration between Member States in the field of drug treatment and assistance. This includes sharing good practice, information and expertise to improve the quality of treatment and ensure adequate access to services across the EU.

Collaboration and exchange of best practices on access to healthcare within the European Union (EU) and drug treatment are essential to tackle the problem of drug use in a more effective and humane way. These are closely related, as the approach to drug use as a public health problem rather than a crime has become increasingly recognized and implemented in many EU countries.

Cooperation between countries and the exchange of good practices are supported by the European Union's drugs policy and are carried out through various instruments, such as (Bretteville-Jensen et al, 2020):

- The EU adopts joint strategies and action plans to tackle the problem of drug use in all member countries. These strategies promote evidence-

based and human rights-based approaches, with a particular focus on public health.

- There are various organizations and cooperation networks at the EU level, which allow the exchange of information and best practices between member states. These include the European Center for Monitoring Drugs and Drug Addiction (EMCDDA) and the European Network for Risk Reduction and Harm Minimisation.
- Various joint projects and initiatives are implemented to support Member States in the development and implementation of effective drug treatment programs and interventions.
- Experts from different member countries meet to share experiences, research results and innovative approaches in the field of drug treatment.

The impact of collaboration and exchange of good practice on drug treatment in the EU includes the following advantages:

1. Learning from the experiences of other countries: Member States can benefit from the successful solutions and approaches developed by other countries in combating drug use and promoting the health and well-being of the population.
2. Adaptation to specific needs: Collaboration and the exchange of best practices allow the adaptation of programs and interventions to the cultural, social and legal specifics of each country.
3. Resource efficiency: By sharing knowledge and resources, duplication of effort is avoided and more efficient use of treatment budgets is achieved.
4. Reducing stigma: Approaching drug use as a health problem and implementing evidence-based policies helps to reduce the stigma of drug users and improve access to health care.
5. Capacity building: The exchange of experts and good practices strengthens the capacities of medical staff and health professionals to address drug use and related problems.

In conclusion, cooperation and exchange of best practices on access to healthcare and drug treatment in the EU are essential to create effective, evidence-based policies with a positive impact on the health and well-being of the population. This holistic approach contributes to a better management of the drug problem and to the reduction of negative consequences associated with the use of psychotropic substances.

## D. Coordination of treatment and care

If a person addicted to drugs travels to another Member State for treatment, it is important that medical services are coordinated between the States involved. This may include sharing relevant medical information and ensuring continuity of treatment and assistance during travel.

Coordination of treatment and healthcare from the perspective of the relationship between access to healthcare within the European Union (EU) and drug treatment is a crucial element in addressing drug use as a public health problem. This coordination involves concerted efforts between EU member countries to ensure that people experiencing drug use problems receive adequate access to healthcare services and specialist treatment. Here are some relevant aspects related to the coordination of treatment and medical care in this context:

1. Common standards and best practice guidelines: Through coordination at EU level, common standards for drug treatment and healthcare services can be developed and adopted. This ensures the quality and uniformity of services offered in all member countries.
2. Exchange of information: Coordination facilitates the exchange of information between countries on new treatment methods, research and discoveries in the field of drug use. This allows for a more up-to-date and evidence-based approach to healthcare delivery.
3. Patient Mobility: Coordination facilitates the mobility of patients between countries, which can be useful for those who travel or work in different countries and require ongoing drug use assistance.

4. Improving access to specialist treatment: Coordination ensures that specialist drug treatment services are available in several member countries, so that affected people have multiple options to get the help they need.
5. Reducing gaps between countries: By coordinating efforts, efforts can be made to reduce gaps in access to healthcare and drug treatment between different EU member countries.
6. Implementation of integrated policies: Coordination helps to create integrated policies and approaches covering all aspects of drug use, including prevention, treatment, harm reduction and social reintegration.
7. Tackling cross-border issues: Drug use can be a cross-border issue, and coordination at EU level enables more effective management of these issues, such as drug trafficking and the exchange of information between relevant authorities.

In conclusion, the coordination of treatment and health care within the European Union for the treatment of drug use is essential to ensure that affected people receive appropriate and evidence-based care. By sharing information, implementing common standards and integrated policies, the EU can tackle this complex problem in a more effective and coherent way, thus supporting efforts to improve the health and well-being of those affected by drug use.

## E. Monitoring and evaluating the quality of treatment

The EU promotes the monitoring and evaluation of the quality of drug treatment and assistance in the Member States. This helps to ensure that the medical and therapeutic services provided are of high quality and comply with relevant standards and directives.

It is important to note that access to cross-border healthcare may be affected by different specific rules and conditions of each EU member state. In addition, drug treatment and assistance may involve specific aspects and rules for the provision of health care services.

Monitoring and evaluating the quality of treatment in the perspective of the relationship between access to healthcare within the European Union (EU) and drug treatment is essential to ensure that patients benefit from high-quality services and that health policies are effective and evidence-based. This monitoring and evaluation process involves the following aspects:

- Development and implementation of performance indicators: To assess the quality of treatment, measurable and relevant performance indicators are needed. These indicators may include, for example, treatment success rate, waiting time for services, patient satisfaction and reduction of drug-related harm.
- Data collection: Monitoring the quality of treatment requires the systematic collection of data on medical services provided, treatment outcomes and patient experiences. This can be done through data-bases, questionnaires and other research tools.
- Data analysis and reporting of results: Collected data must be analyzed to assess the quality of treatment and to identify any deficiencies or problems in service delivery. Results should be reported to relevant authorities and the public for transparency and accountability.
- Benchmarking: Through benchmarking, treatment performance is compared between different countries or regions, thus identifying good practices and possible improvements.
- Audits and inspections: Quality monitoring may involve conducting periodic audits and inspections of treatment centers and healthcare facilities to verify compliance with established standards and protocols.
- Evaluating the impact of policies: Monitoring and evaluating the quality of treatment also allows for the evaluation of the impact of policies and interventions related to drug use. Thus, strategies can be adjusted and optimized according to the results obtained.
- Ensuring transparency and public participation: Transparency regarding evaluation data and results is essential to involve the

public and interested partners in the development and implementation of treatment policies.

By monitoring and evaluating the quality of treatment within the EU for the treatment of drug use, it is ensured that patients benefit from high-quality services and that appropriate measures are taken to improve access to healthcare and specialist treatment. Constant performance evaluation and identification of factors affecting the quality of treatment can contribute to the development of more effective policies and strategies for managing drug use as a public health problem.

## 6. Methodology

This article started from the desire to answer the following specific research questions, namely:

R.Q. 1. What are the social consequences of drug use for European citizens and how can they be addressed and reduced through prevention and social reintegration policies?

R.Q. 2. What are the perspectives of European citizens affected by drug use on current drug protection policies and how can these perspectives contribute to improving existing policies and services?

R.Q. 3. How can the involvement of European citizens and non-governmental organizations in the development, implementation and monitoring of drug protection policies be improved?

R.Q. 4. What are the perspectives of health professionals and social workers on the challenges and opportunities in providing healthcare and treatment services for European citizens affected by drug use?

In order to answer the following questions, qualitative research tools will be used such as: cause-effect analysis, scenario analysis, and the results will be centralized through a SWOT analysis.

# 7. Analysis and findigs

**Table 1.** Cause-Effect analysis regarding the protection against drug use in the EU. Social and health implications from the perspective of European citizenship

| CAUSE | EFFECT |
|---|---|
| ***1. Drug Use*** | ***1. Social Consequences:*** Drug use, particularly substance abuse, can lead to a wide range of social consequences for individuals and communities. These consequences may include increased crime rates, family breakdown, unemployment, homelessness, and strained healthcare systems. |
| ***2. Social Consequences of Drug Use*** | ***2. Impacts on European Citizens***: The social consequences of drug use affect European citizens on various levels, including physical and mental health, social relationships, employment opportunities, and overall quality of life. |
| ***3. Social Consequences of Drug Use*** | ***3. Economic Strain on Society:*** The negative social consequences of drug use can create economic burdens for society in the form of increased healthcare costs, law enforcement expenses, and lost productivity due to drug-related issues |
| ***4. Prevention Policies*** | ***4. Reduced Drug Use:*** Effective prevention policies, such as educational programs, awareness campaigns, and targeted interventions, can lead to reduced drug use among European citizens, thus mitigating the social consequences associated with drug abuse. |
| ***5. Social Reintegration Policies*** | ***5. Improved Rehabilitation:*** Social reintegration policies that focus on providing support and opportunities for individuals recovering from drug addiction can lead to improved rehabilitation outcomes, reducing the impact of drug use on the individual's life and their social environment. |

| CAUSE | EFFECT |
|---|---|
| ***6. Prevention and Social Reintegration Policies*** | ***6. Strengthened Communities:*** By implementing comprehensive prevention and social reintegration policies, communities in Europe can be strengthened, fostering social cohesion and reducing the overall burden of drug-related issues. |
| ***7.Research and Evidence-Based Interventions*** | ***7. Informed Policy Decisions:*** Conducting research and using evidence-based interventions can lead to more informed policy decisions regarding drug prevention and social reintegration programs, resulting in better outcomes for European citizens. |
| ***8. Cross-Border Collaboration and Exchange of Best Practices*** | ***8. Enhanced Policy Implementation*** Collaborating across European countries and sharing best practices in drug prevention and social reintegration can lead to enhanced policy implementation and a more effective response to the social consequences of drug use. |

In summary, the social consequences of drug use for European citizens can have wide-ranging effects on individuals and communities. However, through the implementation of evidence-based prevention and social reintegration policies, informed decision-making, and cross-border collaboration, the negative impacts of drug use can be addressed and reduced, ultimately leading to stronger and more cohesive societies.

As a result, **the key indicators of the positive effects of policies** in the field of social and health implications from the perspective of European citizenship of the protection against drug use can be measured in various ways. These indicators assess the impact of policies on individuals, communities, and society as a whole, and they help gauge the success of drug use protection initiatives:

1. ***Reduction in Drug-Related Harm*** – measures the decrease in negative consequences associated with drug use, such as overdose deaths, bloodborne infections (e.g., HIV, hepatitis), and drug-related accidents or injuries.
2. ***Increase in Access to Treatment*** – measures the availability and accessibility of drug treatment programs, counseling, and support services for individuals struggling with drug addiction. A higher number of people receiving appropriate treatment indicates successful policies.
3. ***Decrease in Drug-Related Crime*** **–** tracks the reduction in drug-related offenses, including drug trafficking, possession, and distribution. Effective policies should lead to a decrease in drug-related criminal activities.
4. ***Reduction in Stigma*** – assesses changes in public perception and attitudes towards drug users. A reduction in stigma signifies that policies are promoting empathy and understanding rather than marginalization.
5. ***Community Engagement and Cohesion*** – measures the level of community involvement and cooperation in addressing drug-related challenges. Effective policies should foster a sense of community and shared responsibility.
6. ***Public Health Improvements*** – monitors the overall health outcomes of drug users and the broader community. Policies should aim to improve public health by reducing the negative impact of drug use on individuals and society.
7. ***Adoption of Harm Reduction Measures*** – tracks the implementation of harm reduction strategies, such as needle exchange programs, supervised consumption facilities, and overdose prevention measures. A higher adoption rate indicates effective policies.
8. ***Social Integration of Recovering Individuals*** – measures the success of policies in supporting the reintegration of individuals in recovery into society, including access to education, employment, and stable housing.

9. ***Public Awareness and Education*** – assesses the effectiveness of public awareness campaigns and educational programs aimed at preventing drug use and promoting healthier choices.
10. ***Evidence-Based Policy Development*** – evaluates the extent to which policies are based on scientific evidence, research, and best practices in the field of drug addiction and treatment.
11. ***International Cooperation and Exchange of Best Practices*** – measures the level of collaboration between European countries in sharing successful policies and approaches to drug use protection.
12. ***Long-Term Sustainability*** – assesses the sustainability of policies in addressing drug-related challenges and their ability to adapt to changing societal needs and drug trends.

These key indicators, when monitored and evaluated regularly, can provide valuable insights into the effectiveness of drug use protection policies from a social and health perspective for European citizenship. Positive outcomes in these areas demonstrate a holistic approach to drug policy, focusing on both public health and social well-being, rather than solely punitive measures.

It is also important to include these key indicators into the following scenario analysis:

**Table 2.** Scenario analysis in the field of social and health implications from the perspective of European citizenship of the protection against drug use

| **Scenario 1: Stringent Drug Laws and Criminalization** | **Scenario 2: Harm Reduction and Public Health Approach** | **Scenario 3: Decriminalization and Regulation** |
|---|---|---|
| In this scenario, European countries adopt strict drug laws, focusing on criminalization and punitive measures for drug use and possession. Law enforcement prioritizes drug-related | In this scenario, European countries adopt a harm reduction and public health approach to drug use. Drug addiction is viewed as a medical issue rather than solely a criminal | In this scenario, European countries adopt a decriminalization and regulation approach to drug use. Drug possession and use are treated as administrative violations rather than criminal |

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| offenses, leading to increased arrests and incarceration rates for drug users. This approach aims to deter drug use through fear of legal consequences. | one. Policies focus on minimizing harm to individuals and communities through education, prevention, and treatment. | offenses. Some drugs may be regulated, allowing for safer and controlled distribution. |
| **Social Implications:**<br>➢ Stigmatization and Marginalization: Drug users may face social stigma, discrimination, and exclusion, making it challenging for them to seek help or reintegrate into society.<br>➢ Community Division: The criminalization of drug users can lead to division within communities, with some advocating for punitive measures, while others support harm reduction and rehabilitation.<br>➢ Erosion of Trust: A lack of trust between drug users and law enforcement can hinder public safety efforts and the effective reporting of drug-related crimes. | **Social Implications:**<br>➢ Increased Empathy and Support: The emphasis on public health fosters empathy and support for drug users, encouraging them to seek assistance and rehabilitation without fear of punishment.<br>➢ Community Cohesion: A public health approach promotes community involvement in addressing drug-related challenges, leading to greater cohesion and cooperation among citizens.<br>➢ Reduced Stigma: By recognizing drug addiction as a health concern, this approach works to reduce the stigma associated with drug use and addiction. | **Social Implications:**<br>➢ Shift in Perception: Decriminalization may lead to a shift in public perception, viewing drug users as individuals in need of help rather than criminals.<br>➢ Policy Debates: Society may engage in robust debates regarding the regulation of drugs, requiring careful consideration of potential benefits and risks. |
| **Health Implications:**<br>➢ Lack of Access to Treatment: | **Health Implications:**<br>➢ Accessible Treatment: A focus on harm | **Health Implications:**<br>➢ Focus on Treatment and Prevention: With |

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| Criminalization may discourage drug users from seeking treatment due to fear of legal repercussions, resulting in a reduced number of individuals accessing necessary healthcare services.<br>➢ Increased Risky Behavior: Fearing arrest, drug users might avoid seeking help during overdose situations or using contaminated substances, leading to higher health risks and fatalities.<br>➢ Overcrowded Prisons: The high incarceration rates for drug offenses can strain prison systems and divert resources away from rehabilitation and treatment programs. | reduction ensures that drug users have improved access to healthcare services, treatment programs, and harm reduction measures (e.g., needle exchange programs).<br>➢ Safer Drug Use Practices: Education and prevention efforts can lead to safer drug use practices, reducing the risk of overdose and the spread of bloodborne infections.<br>➢ Improved Health Outcomes: By prioritizing public health initiatives, the overall health outcomes of drug users can improve, leading to better overall community health. | decriminalization, resources can be redirected towards treatment and prevention initiatives, ensuring that drug users have access to the support they need.<br>➢ Safer Drug Quality: Regulation can lead to safer drug quality, reducing the risk of harmful additives and unknown substances. |

**Table 3.** SWOT analysis regarding the research questions:

| Strengths | Weaknesses |
|---|---|
| **R.Q. 1:**<br>• Availability of research data: There is existing research on the social consequences of drug use, which can provide a strong foundation for policy development. | **R.Q. 1:**<br>• Stigma and discrimination: Drug users often face stigma and discrimination, hindering their social reintegration and access to support services. |

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| • Experience from other regions:<br>Lessons learned from drug policies in other regions can be utilized to design effective prevention and reintegration strategies.<br>• Supportive public opinion:<br>There may be growing public awareness and support for evidence-based drug prevention and rehabilitation policies.<br><br>**R.Q. 2:**<br>• First-hand experiences:<br>Perspectives from affected individuals offer valuable insights into the real impact of drug policies on their lives.<br>• Empowerment:<br>Including these perspectives empowers affected citizens and promotes their agency in shaping policy decisions.<br>• Identification of gaps:<br>Citizens' perspectives can highlight areas where current policies may be falling short or failing to address specific needs.<br><br>**R.Q. 3:**<br>• Diverse perspectives:<br>Involving citizens and NGOs can bring a wide range of perspectives and expertise to policy discussions.<br>• Grassroots knowledge:<br>NGOs often have direct experience working with affected communities, providing valuable insights.<br><br>**R.Q. 4:**<br>• Expertise and experience:<br>Health professionals and social workers | • Limited resources:<br>Adequate funding and resources may be required to implement comprehensive prevention and reintegration policies.<br>• Diverse drug landscape:<br>The wide range of drugs and their varying consequences may require tailored approaches, making policy formulation more challenging.<br><br>**R.Q. 2:**<br>• Representativeness:<br>The perspectives gathered might not fully represent the entire diversity of experiences among those affected by drug use.<br>• Challenges in data collection:<br>Gathering and analyzing qualitative data from affected citizens can be time-consuming and resource-intensive.<br><br>**R.Q. 3:**<br>• Limited resources:<br>Both citizens and NGOs may have limited resources and capacity to engage in policymaking processes.<br>• Political barriers:<br>Policymakers may be hesitant to include external stakeholders, fearing challenges to existing power structures.<br><br>**R.Q. 4:**<br>• Resource constraints:<br>Limited resources and funding for |

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| have first-hand experience in dealing with drug-related health issues.<br>• Evidence-based insights:<br>Their perspectives are grounded in research and practical experience, contributing to policy effectiveness. | healthcare and treatment services may hamper their effectiveness.<br>• Workforce challenges:<br>A shortage of skilled professionals and high turnover rates can strain service delivery. |
| **Opportunities** | **Threats** |
| **R.Q. 1:**<br>• Collaborative efforts:<br>Engaging multiple stakeholders, including governments, NGOs, and communities, can lead to comprehensive and inclusive policy solutions.<br>• Holistic approach:<br>Implementing integrated policies that address underlying social factors, mental health, and socioeconomic disparities can yield better outcomes.<br>• Innovation and technology:<br>Utilizing technology and evidence-based practices can enhance prevention and monitoring efforts.<br><br>**R.Q. 2:**<br>• Co-creation of policies:<br>• Involving affected citizens in the policy-making process can lead to more effective and relevant solutions.<br>• Building trust:<br>Including their perspectives can foster trust between policymakers and affected communities, enhancing policy acceptance.<br><br>**R.Q. 3:**<br>• Capacity-building:<br>Providing training and resources to citizens and NGOs can empower | **R.Q. 1:**<br>• Political challenges:<br>Resistance to policy changes from political or conservative factions may hinder progress.<br>• Drug market dynamics:<br>The constant evolution of drug markets and trends can make policy responses complex and challenging to keep up with.<br>• Lack of continuity:<br>Changes in government or shifting priorities can lead to inconsistency in policy implementation.<br><br>**R.Q. 2:**<br>• Stigmatization and reluctance to share:<br>Affected individuals may be hesitant to share their experiences due to fear of stigma or legal repercussions.<br>• Lack of platform:<br>A lack of organized platforms for citizen engagement can limit their opportunities to contribute to policy discussions.<br><br>**R.Q. 3:**<br>• Tokenistic involvement:<br>Involving citizens and NGOs as mere token representatives without |

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| them to participate more effectively in policy processes.<br>• Advocacy efforts:<br>NGOs can advocate for their constituencies, amplifying the voices of affected citizens.<br><br>**R.Q. 4:**<br>• Interdisciplinary collaboration:<br>Bringing together health professionals, social workers, and policymakers can lead to comprehensive solutions.<br>• Integration of services:<br>Coordination between different healthcare and social service providers can improve continuity of care. | genuine consideration for their inputs.<br>• Lack of responsiveness:<br>Policymakers may not be receptive to external input, leading to minimal changes in policy direction.<br><br>**R.Q. 4:**<br>• Stigmatization:<br>Negative attitudes towards drug users may impact the attitudes of healthcare professionals and hinder compassionate care.<br>• Inconsistent policy support:<br>Changes in government priorities can result in fluctuating support for drug-related healthcare services. |

The strengths and opportunities highlight areas where positive efforts can be built upon, while the weaknesses and threats identify potential challenges that need to be addressed to maximize the effectiveness of policies and services related to drug use protection for European citizens.

## Conclusions

Research on "Protection against drug use in the EU" is crucial for the future as drug-related issues persistently impact public health, social well-being, and economic stability. Understanding effective prevention, treatment, and reintegration policies can address stigma, improve healthcare services, and foster social cohesion. As drug markets evolve, technological advancements can enhance monitoring and early warning systems. Evidence-based research empowers policymakers to make informed decisions, optimizing resource allocation and maximizing policy impact. By prioritizing this research theme, the EU can proactively combat drug-related challenges, safeguard vulnerable populations, and promote a safer and healthier future for its citizens.

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